[illegible] H.12.9.35

[illegible]

M.

CITY OF WAKEFIELD.

REPORT

ON THE

PUBLIC HEALTH

AND

SANITARY STATE

OF THE

CITY OF WAKEFIELD

FOR THE YEAR 1935

BY

THOMAS GIBSON, M.D., C.M., D.P.H.
MEDICAL OFFICER OF HEALTH

BUREAU OF HYGIENE & TROPICAL DISEASES
LIBRARY
11 JUN 1936

"Wakefield Express" Series, Ltd., 2 and 34, Southgate.

CITY OF WAKEFIELD.

REPORT

ON THE

PUBLIC HEALTH

AND

SANITARY STATE

OF THE

CITY OF WAKEFIELD

FOR THE YEAR 1935

BY

THOMAS GIBSON, M.D., C.M., D.P.H.
MEDICAL OFFICER OF HEALTH

" Wakefield Express " Series, Ltd., 2 and 34, Southgate.

INDEX.

Page.
Anti-Diphtheria Immunisation Clinic ... 69
Ante-natal Clinic ... 20, 89
APPENDIX:— ... 123
  (1) Public Health in the 19th Century ... 124
  (2) Population and Principal Vital Statistics, 1901-1935 130
  (3) Infectious Diseases, 1901-1935 ... 132
  (4) Tuberculosis, 1901-1935 ... 147
  (5) Maternity and Child Welfare, 1901-1935 ... 162
  (6) Housing, 1901-1935 ... 172
  (7) General Sanitation, 1901-1935 ... 179
  (8) Supervision of Food, 1901-1935 ... 181
  (9) Health Education ... 182
  (10) Mental Deficiency ... 183
  (11) Administration and Staff ... 184
Artificial Sunlight Clinic ... 109
Atmospheric Pollution ... 32
Bacteriological Examinations ... 76
Births ... 5
Blindness ... 118
Canal Boats ... 29
Child Welfare Centres ... 19
Child Welfare Centres—Statistics ... 103
Common Lodging Houses ... 30
Contraception ... 97
Deaths ... 7
Deaths—Infantile ... 10
Deaths—Maternal ... 11
Dental Treatment of Expectant Mothers ... 92
Diphtheria ... 57, 64
Disinfection ... 75
Drainage, etc. ... 22
Dysentery ... 61
Enteric Fever ... 61
Factories, Workshops and Workplaces ... 49
Food and Drugs ... 39
Health Education ... 118
Health Visitors—Home Visiting ... 102
Heart Disease ... 12
Hospitals, Municipal Isolation ... 63, 84
Hospitals, Maternity ... 92, 97
Housing General ... 51
Houses Let in Lodgings ... 31
Infant Life Protection ... 103
Infectious Diseases ... 57

INDEX (Continued).

Page.
Laboratory Facilities ... 18
Legislation in Force ... 18
Local Government Act, 1929 ... 21
Marriages ... 5
Maternal Mortality ... 11, 19
Maternity and Child Welfare ... 88
Maternity and Nursing Homes, Private ... 18, 89
Measles ... 61
Meat Inspection ... 44
Mental Deficiency ... 115
Meteorological Table ... 122
Midwives ... 18, 88, 96
Milk Supply ... 35
Nursing ... 18
Offensive Trades ... 48
Officers—Public Health ... 14
Ophthalmia Neonatorum ... 101
Orthopædic and Ultra-Violet Ray Clinics ... 20, 106
Pemphigus Neonatorum ... 102
Pneumonia ... 61
Population, etc. ... 5
Post-natal Clinic ... 20, 96
Puerperal Fever and Pyrexia ... 101
Rat Repression ... 30
Sanitary Circumstances of the Area ... 21
Sanitary Inspection ... 24
Scarlet Fever ... 59, 64
School Medical Service ... 117
Shops Act ... 50
Slaughterhouses ... 44
Statistics—General ... 5
Tuberculosis ... 77
Tuberculosis Dispensary ... 20, 81
Tuberculosis—Sanatoria ... 82
Vaccination ... 76
Venereal Diseases ... 20, 86
Water Supply ... 21
Whooping Cough ... 62

PUBLIC HEALTH DEPARTMENT,
TOWN HALL CHAMBERS,
WAKEFIELD,
12*th May*, 1936.

To the Mayor, Aldermen and Councillors
of the City of Wakefield.

MR. MAYOR, LADIES AND GENTLEMEN,

I beg to submit for your information and consideration a Report on the Public Health and Sanitary State of Wakefield for the year 1935.

In the preparation of this Report, I have received valuable assistance from many colleagues, particularly from Dr. Allardice, who has written the section on Immunisation against Diphtheria, from Dr. Eeles, who has written the section on Maternity and Child Welfare, and from Mr. Roberts, who has written the section on Sanitary Administration. I am also greatly indebted to Mr. Morris (Chief Clerk) and Mr. Ronald Shaw for their invaluable help in compiling the Report.

As this is my 33rd and last Annual Report, I have appended a review of public health work in Wakefield during the present century, with some notes on that of the last century, which may possibly have some historical interest, if nothing else.

In conclusion, I should like to take this opportunity of expressing my appreciation of the ungrudging help and loyal co-operation given me by the Staff of the Department in all its branches.

I am,

Yours faithfully,

THOMAS GIBSON,

Medical Officer of Health.

LIBRARY JUN 193 TROPICAL

(1) GENERAL STATISTICS.

Area	4,970 acres
Population (*a*) Census, 1931	59,122
(*b*) Estimated by Registrar-General, mid-year, 1935 ...	60,100
Number of Inhabited Houses:	
(*a*) Census, 1931	14,219
(*b*) End of 1935, according to Rate Books	15,520
Rateable Value, 1st April, 1935	£359,162
Sum represented by a penny rate, 1935-36 ...	£1,406

Population.

The total population at the middle of 1935, as estimated by the Registrar-General, was 60,100. The institutional population was 3,621, of which 3,112 were non-residents, and 509 were residents. The net population, excluding non-residents, was therefore 56,988 (or practically 57,000), and this figure has been used as the basis for calculating the rates given in this report, other than the infectious disease attack rates, which are calculated on the total population. It should be noted that the population of Wakefield for 1935 is estimated by the Registrar-General at a figure 200 less than his estimate for 1934, which was 60,300. The result of this reduction of the population figure is to slightly increase the various rates calculated on it.

(2).—EXTRACTS FROM THE VITAL STATISTICS OF 1935.

(1) **Marriages.**

473 marriages were celebrated, equal to a marriage rate of 16.6 persons married per 1,000 of the population, as compared with 15.2 in 1934, 13.4 in 1933, 16.1 in 1932, and 16.2 the average for the ten years 1925-1934. The number of marriages was 39 more than in 1934.

(2) **Births.**

Excluding 96 non-resident births, and including 23 resident births which occurred outside the City, the total number of births registered in the City during 1935 was 967

(467 males and 500 females), giving a birth rate of 17.0 per 1,000 of the population, as compared with 16.0 in 1934, and 17.5 the average for the ten years 1925-1934. The birth rate in England and Wales in 1935 was 14.7 and in the Large Towns 14.8.

Of the live births, 38 (3.93 per cent.) were illegitimate. In addition, 43 resident and 13 non-resident still-births were registered.

Under the notification of Births Act, 1,078 births were notified, 659 from dwelling-houses and 419 from institutions. Of the home confinements, 346 were attended by doctors and 313 by midwives. (Births are given as attended by doctors when doctors were booked for the confinement, and by midwives when midwives only were booked, irrespective of whether doctors were called in by midwives under the rules of the Central Midwives Board). The institution births include 306 in the Maternity Hospital, 30 in the County Hospital, 74 in private maternity homes, 4 in a private nursing home outside the City, 2 in the Clayton Hospital, 2 in the West Riding Mental Hospital, and 1 in a private nursing home within the City. Of the institution confinements, 296 were attended by midwives and 123 by doctors. Of the registered births, 33 (3.4 per cent.) were not notified, as compared with 2.7 per cent. in 1934, and 2.7 per cent. in 1933. 48 (4.4 per cent.) of the notified births were still-births.

Remarks on the Birth Rate.

It is satisfactory to note that the birth rate, which had been steadily declining up to 1933, but improved in 1934, is still better in 1935, when there were 53 more births than in the previous year. It is also considerably higher than the birth rate of England and Wales. The births for the year exceeded the deaths by 209, which represents the natural increase of the population. It will be noted that the number of female births exceeds that of the males, which is unusual. The proportion of illegitimate births is slightly less than in 1934.

CAUSES OF, AND AGES AT, DEATH DURING THE YEAR 1935.

Causes of Death.	Nett deaths at the sub-joined ages of Residents whether occurring within or without the district.									
	Total All Ages.	Under 1 year.	1 and under 2 years.	2 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 and under 75 years.	75 years and over.
All Causes Certified	756	61	5	14	23	17	84	232	185	135
Uncertified ...	2	1	—	—	—	—	—	—	1	—
Typhoid and Paratyphoid Fevers	—	—	—	—	—	—	—	—	—	—
Measles	1	1	—	—	—	—	—	—	—	—
Scarlet Fever	—	—	—	—	—	—	—	—	—	—
Whooping Cough	5	4	—	—	1	—	—	—	—	—
Diphtheria	11	1	—	4	5	—	—	—	1	—
Influenza	13	—	—	1	3	—	2	2	4	1
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—
Cerebrospinal Fever	1	1	—	—	—	—	—	—	—	—
Tuberculosis of Respiratory System	31	—	—	—	—	5	18	7	1	—
Other Tuberculous Diseases ...	6	—	—	1	—	2	3	—	—	—
Syphilis	4	—	—	—	—	—	1	3	—	—
General Paralysis of the insane, tabes dorsalis	4	—	—	—	—	—	2	2	—	—
Cancer	100	—	—	—	—	1	6	51	32	10
Diabetes	7	—	—	—	—	—	1	3	2	1
Cerebral Hæmorrhage, etc. ...	74	—	—	—	—	—	2	21	37	14
Heart Disease	206	—	—	1	6	2	6	70	66	55
Aneurysm	1	—	—	—	—	—	—	1	—	—
Other Circulatory Diseases ...	18	—	—	—	1	—	—	7	5	5
Bronchitis	28	2	—	—	1	—	3	8	5	9
Pneumonia (all forms)	39	6	2	—	1	2	10	12	6	—
Other Respiratory Diseases ...	4	—	—	—	—	—	1	2	1	—
Ulcer of Stomach and Duodenum	5	—	—	—	—	—	2	3	—	—
Diarrhœa, etc.	6	4	1	1	—	—	—	—	—	—
Appendicitis	9	—	—	—	1	—	3	4	1	—
Cirrhosis of Liver	1	—	—	—	—	—	—	—	—	1
Other Diseases of Liver, etc. ...	3	—	—	—	—	—	—	—	2	1
Other Digestive Diseases	13	1	—	—	—	—	1	9	1	1
Acute and Chronic Nephritis ...	22	—	—	—	—	—	4	11	6	1
Puerperal Sepsis	2	—	—	—	—	2	—	—	—	—
Other Puerperal Causes	4	—	—	—	—	—	4	—	—	—
Congenital Debility, Premature Birth, Malformations, etc. ...	34	34	—	—	—	—	—	—	—	—
Senility	39	—	—	—	—	—	—	—	7	32
Suicide	2	—	—	—	—	—	2	—	—	—
Other Violence	26	—	1	5	1	2	3	5	5	4
Other Defined Causes	39	8	1	1	3	1	10	11	4	—
Causes Ill-defined or Unknown ...	—	—	—	—	—	—	—	—	—	—
Totals	758	62	5	14	23	17	84	232	186	135

The total number of deaths registered in Wakefield during 1935 was 1,107, including 375 non-residents. In addition, 26 deaths of residents occurred outside the City. The number of resident deaths was therefore 758 (417 males and 341 females), giving a crude death rate of 13.3 per 1,000 of the population, as compared with 11.5 in 1934, and 12.9 the average for the ten years 1925-1934.

In order to make the above crude death rate comparable with the rates in other areas, where population may be constituted differently from that of Wakefield, it is necessary to apply a "comparability factor," calculated for each area by the Department of the Registrar-General. In the case of Wakefield, the factor is 1.08, which gives a rate of 14.4, corrected for comparability with the rates of other areas which have been adjusted in a similar manner. The corresponding rate last year was 12.4.

In 1935, the number of deaths was 99 more than in 1934. The 1935 general death rate in England and Wales was 11.7, and in the large towns 11.8.

Two of the deaths were uncertified. 278 (37 per cent.) of the resident deaths occurred in Institutions within the City.

The number and percentage of deaths at the various age periods were:—

Age period.	Number of Deaths, 1935.	Percentage of Total Deaths, 1935	Percentage of Total Deaths, 1934.
Under 1 year	62	8.2	7.4
1— 2 years	5	0.7	1.1
2— 5 ,, ...	14	1.9	2.2
5—15 ,, ...	23	3.0	4.7
15—25 ,, ...	17	2.2	2.7
25—45 ,, ...	84	11.1	14.6
45—65 ,, ...	232	30.6	27.6
65—75 ,, ...	186	24.5	24.1
75 years and over ...	135	17.8	15.6
Total	758	100.0	100.0

The following table gives the chief causes of death : —

Causes of Death.	Total No. of deaths 1935.	Males.	Females.	Percentage of total deaths 1935.	Percentage of total deaths 1934.
Heart Disease ...	206	111	95	27.2	18.1
Cancer	100	51	49	13.2	12.3
Cerebral Hæmorrhage	74	33	41	9.8	12.4
Pneumonia (all forms)	39	28	11	5.1	5.0
Senility	39	20	19	5.1	3.6
Tuberculosis (all forms)	37	24	13	4.9	5.6
Congenital Debility, Premature Birth, Malformations, etc.	34	23	11	4.5	3.6
Bronchitis	28	17	11	3.7	6.1
Violence (other than Suicide)	26	14	12	3.4	3.2
Acute and Chronic Nephritis	22	11	11	2.9	5.0

There were 206 deaths from Heart Disease (111 males and 95 females), giving a death rate of 3.62, as compared with 2.01 in 1934, and 1.90 the average for the ten years 1925-1934. The number of deaths was 87 more than in 1934. 93 per cent. were of persons 45 years of age and over, and 27 per cent. were of persons 75 years of age and over.

There were 100 deaths from Cancer (51 males and 49 females), giving a death rate of 1.75, as compared with 1.41 in 1934 and 1.44 the average for the ten years 1925-1934. The number of deaths was 19 more than in 1934.

There were 74 deaths from Cerebral Hæmorrhage (33 males and 41 females), giving a death rate of 1.30, as compared with 1.43 in 1934, 1.29 in 1933, and 1.41 in 1932. The number of deaths was 8 less than in 1934.

There were 39 deaths from Pneumonia (all forms) (28 males and 11 females), giving a death rate of 0.68, as compared with 0.58 in 1934 and 0.98 the average for the ten years 1925-1934. The number of deaths was 6 more than in 1934.

There were 37 deaths from Tuberculosis (all forms) (24 males and 13 females), giving a death rate of 0.65 as compared with 0.65 in 1934, and 0.91 the average for the ten years 1925-1934. The number of deaths was the same as in 1934.

There were 31 deaths from Pulmonary Tuberculosis (19 males and 12 females), giving a death rate of 0.54 as compared with 0.59 in 1934 and 0.68 the average for the ten years 1925-1934. The number of deaths was 3 less than in 1934.

There were 6 deaths from Non-pulmonary Tuberculosis (5 males and 1 female), giving a death rate of 0.11 as compared with 0.05 in 1934 and 0.23 the average for the ten years 1925-1934. The number of deaths was 3 more than in 1934.

There were 5 deaths of infants under two years of age from Diarrhœa and Enteritis, giving a death rate of 5.3 per 1,000 live births (1935) as compared with 5.5 in 1934 and 11.8 the average for the ten years 1925-1934. The corresponding rate for England and Wales in 1935 was 5.7 and in the Large Towns 7.9.

The number of infantile deaths (i.e. under one year of age) was 62 (43 males and 19 females), giving an infantile mortality rate of 64 per 1,000 live births, as compared with 54 in 1934, and 74 the average for the ten years 1925-1934. The corresponding rate for England and Wales in 1935 was 57, and in the Large Towns 62.

In the first quarter of the year, the rate was 127, in the second quarter 42, in the third quarter 51, and in the fourth quarter 42. The legitimate infantile mortality was 65 per 1,000 legitimate live births and the illegitimate mortality 53 per 1,000 illegitimate live births.

The neonatal mortality (i.e. the mortality during the first month of life) was 31 per 1,000 live births, as compared with 27 in 1934 and 34 the average for the ten years 1925-1934.

The infantile mortality in the various Wards was as follows:—

Calder ...	117	Primrose Hill...	74	St. John's ...	46
Eastmoor ...	104	Northgate ...	71	South Westgate	41
Sandal ...	88	North Westgate	53	Alverthorpe ...	30
Belle Vue ...	81	Kirkgate ...	51		

The causes of infantile mortality were: — Congenital Debility, Premature Birth, Malformations, etc., 34, Pneumonia 6, Whooping Cough 4, Diarrhœa, etc., 4, Bronchitis 2, Measles 1, Diphtheria 1, Cerebro-spinal Fever 1, other causes 9.

40 per cent. of the infantile deaths occurred in the first week of life, 48 per cent. in the first month, and 82 per cent. in the first six months.

The mortality among males was 92 per 1,000 male births and among females 38 per 1,000 female births.

There were 6 maternal deaths from diseases and accidents of pregnancy and parturition, giving a mortality of 5.94 per 1,000 total (live and still) births, or 6.20 per 1,000 live births only, as compared with 10.54 per 1,000 total births and 10.94 per 1,000 live births in 1934, and 6.13 per 1,000 live births the average for the ten years 1925-1934. The corresponding rates for England and Wales are 3.93 per 1,000 total births, and 4.10 per 1,000 live births.

The causes of the maternal deaths were:—

Puerperal Sepsis 2 (1 after an abortion).
Obstetric Shock 2 (1 after Cæsarean Section).
Postpartum Hæmorrhage 1.
Pulmonary Embolism 1.

Three deaths occurred in the Maternity Hospital, one in the County Hospital, one in the Clayton Hospital, and one at home. The circumstances of all the deaths were investigated and the information was sent to the Maternal Mortality Committee of the Ministry of Health.

The 26 deaths from Violence (other than Suicide) included 10 from vehicular accidents, 3 from burns, 3 from falls, 2 from gas poisoning, 1 from strychnine poisoning, 2 from drowning, 2 from colliery accidents, 1 from scalds, 1 from electrocution, and 1 from a mill accident.

There were also 2 suicidal deaths, both by drowning. Of the deaths registered during the year, inquests were held in 88 cases, 52 on residents and 36 on non-residents.

Remarks on the Death Rate.

The death rate of Wakefield, calculated on the method formerly employed, in 1935 is 13.3 per 1,000 of the population, or 14.4 calculated on the new method of the Registrar-General, which applies the comparability factor. Both rates are higher than those of 1934, the former by 1.8 per 1,000 and the latter by 2 per 1,000. Actually, the number of deaths showed an increase of 99, and most of this is accounted for by a very large increase in the mortality attributed to Heart Disease. There were 87 more deaths from Heart Disease in 1935 than in 1934. As the term "heart disease" includes a variety of cardiac conditions, I have prepared the following table giving the number of deaths from each:—

Heart Disease, 1935.

	Total Deaths.	Sex.	At all Ages.	0—4.	5—14	15—24	25—44	45—64	65—74	Over 75 yrs.
Myocardial Degeneration	77	M	42	—	—	—	—	10	18	14
		F	35	—	—	—	—	9	13	13
Valvular Disease	66	M	33	—	2	2	3	12	11	3
		F	33	1	4	—	3	14	7	4
Myocarditis	48	M	28	—	—	—	—	11	11	6
		F	20	—	—	—	—	5	3	12
Coronary Disease	10	M	6	—	—	—	—	5	—	1
		F	4	—	—	—	—	2	1	1
Angina Pectoris	3	M	1	—	—	—	—	—	1	—
		F	2	—	—	—	—	1	—	1
Heart Block	1	M	1	—	—	—	—	—	1	—
		F	—	—	—	—	—	—	—	—
Rupture of Heart	1	M	—	—	—	—	—	—	—	—
		F	1	—	—	—	—	1	—	—
Totals	206	M	111	—	2	2	3	38	42	24
		F	95	1	4	—	3	32	24	31
Grand Totals			206	1	6	2	6	70	66	55

Although, compared with 1934, the deaths from valvular disease of the heart have increased by 14 and from myocarditis by 18, the most striking increase is in myocardial degeneration, which has increased by 48. The total deaths over 45 years have increased by 80, the increase being pretty equally divided at the various age periods over 45 years. There is no doubt about there being a real increase in the mortality from heart disease, but I suspect that it is to some extent exaggerated by changes in certification. For example, a number of deaths that were formerly attributed to chronic bronchitis only are now included under heart disease, because the term "Myocardial degeneration" is increasingly included in the death certificate, along with that of "bronchitis," and for classification purposes these deaths have to be included under "Heart Disease." This view is to some extent supported by the fact that deaths certified as due to Bronchitis only have considerably decreased in recent years.

Cancer comes next to Heart Disease amongst the chief killing diseases, and it will be noted that the lamentable increase in the mortality from this disease still continues. As I dealt very fully with the subject of Cancer in my last Annual Report, it is not necessary to comment further on it here.

Cerebral Hæmorrhage is the third on the list, although it caused rather fewer deaths than usual, and Pneumonia, which along with Senility, is fourth, was the cause of rather more deaths than in 1934.

The death rate from Tuberculosis was the same as last year, there being 3 fewer deaths from pulmonary disease and 3 more from non-pulmonary disease.

The infantile mortality was higher than last year, but under the average for the City, and only slightly over the average for the large towns of England and Wales in 1935. The maternal mortality is lower than that of 1934, but is still unduly high, and is about the average for the preceding ten years.

GENERAL PROVISION OF HEALTH SERVICES.

Public Health Officers.

The following are the officers of the Public Health Department:—

Name.	Qualifications.	Office held.
Thomas Gibson ...	M.D., C.M. (Edin.) D.P.H.	Medical Officer of Health. School Medical Officer. Tuberculosis Officer. Medical Officer for Maternity Hospital and Child Welfare Centres. Medical Superintendent of the Fever Hospital. Medical Officer under the Mental Deficiency Act. Police Surgeon.
Frank Allardice ...	M.D., Ch.B., D.P.H. (Edin.)	Deputy Medical Officer of Health, Deputy School Medical Officer, School Ophthalmologist. Assistant Medical Officer for Maternity and Child Welfare. Assistant Tuberculosis Officer. Deputy Police Surgeon. Certifying Officer under the Mental Deficiency Acts.
Jessie Eeles ...	M.D., Ch.B. (Edin.) ...	Assistant Medical Officer. Assistant Medical Officer for Maternity and Child Welfare, and Resident Medical Officer at Maternity Hospital. Assistant School Medical Officer.
Thomas Ross ...	M.B., Ch.B. (Glas.) ... D.P.H.	Junior Assistant Medical Officer. Assistant School Medical Officer. Assistant Medical Officer for Maternity and Child Welfare.
J. W. Thomson ...	M.B., C.M. (Aberdeen) ...	Consulting Obstetric Surgeon (Part time).
W. Gough ...	F.R.C.S. (Eng.), M.R.C.S., L.R.C.P. (Lond.) ...	Consulting Obstetric Surgeon (Part time).
T. M. Edward ...	M.B., Ch.B. (Edin.) ...	Medical Officer for Venereal Diseases (Part-time) (Temp.).
H. L. Crockatt ...	M.B., Ch.B. (Leeds) ...	Consulting Orthopædic Surgeon (Part time).

Name.	Qualifications.	Office held.
William Roberts...	Certificates of Royal Sanitary Institute for (1) Inspector of Nuisances and (2) Inspector of Meat and other Foods ...	Senior Sanitary Inspector. Inspector of Meat and other Foods. Inspector under the Housing Regulations. Inspector of Canal Boats.
William V. Hargreave ...	Certificates of Royal Sanitary Institute for (1) Sanitary Inspectors. (2) Inspector of Meat and other Foods ... (3) Sanitary Science ...	Deputy Senior Sanitary Inspector. District Sanitary Inspector. Inspector of Meat and Other Foods. Inspector under the Housing Regulations.
William Dawson ...	Certificates of Royal Sanitary Institute for (1) Sanitary Inspectors. (2) Inspector of Meat and other Foods ... (3) Smoke Inspection ... Certificate of the Company of Plumbers	District Sanitary Inspector. Inspector of Meat and Other Foods. Inspector under the Housing Regulations.
John P. Whitehead	Certificate of Royal Sanitary Institute for (1) Sanitary Inspectors, and (2) Inspector of Meat and other Foods ...	Ditto.
Herbert H. Johnson ...	Certificate of Royal Sanitary Institute for (1) Sanitary Inspectors. (2) Inspector of Meat and Other Foods ...	Ditto.
Sarah S. Thorp ...	Certificate of Royal Sanitary Institute for (1) Inspector of Nuisances (2) Maternity and Child Welfare, and (3) Health Visitor and School Nurse. C.M.B. Certificate ... New Certificate of Royal Sanitary Institute for Health Visitors ...	Senior Health Visitor. Superintendent, Belle Vue Child Welfare Centre. School Nurse. Tuberculosis Nurse.
Hilda Staniforth	Trained Nurse ... ... C.M.B. Certificate ... ... Certificate of Royal Sanitary Institute for (1) Inspector of Nuisances (2) Health Visitor, and (3) School Nurse ... New Certificate of Royal Sanitary Institute for Health Visitors.	Health Visitor. School Nurse. Tuberculosis Nurse. Superintendent, Eastmoor District Child Welfare Centre (held at Principal Centre).

Name.	Qualifications.	Office held.
Hilda Robertshaw	Trained Nurse. ... ... C.M.B. Certificate. New Certificate of Royal Sanitary Institute for Health Visitors.	Health Visitor. School Nurse. Tuberculosis Nurse. Superintendent, Thornes Lane District Child Welfare Centre (held at Principal Centre).
Maggie Dearden ...	Trained Nurse ... ... C.M.B. Certificate. New Certificate of Royal Sanitary Institute for Health Visitors.	Health Visitor. School Nurse. Tuberculosis Nurse. Superintendent, Snapethorpe Hall Child Welfare Centre.
Jennett Gardner...	Trained Nurse ... ... C.M.B. Certificate. New Certificate of Royal Sanitary Institute for Health Visitors.	Health Visitor. School Nurse. Tuberculosis Nurse. Superintendent, South Westgate District Child Welfare Centre (held at the Principal Centre).
Hannah Bell	Trained Nurse ... ... C.M.B. Certificate. New Certificate of Royal Sanitary Institute for Health Visitors.	Health Visitor. School Nurse. Tuberculosis Nurse. Superintendent Northgate District Child Welfare Centre (held at Principal Centre).
Olive I. Burton ...	Trained Nurse ... ... Certificates of Chartered Society of Massage and Medical Gymnastics for (1) Massage, and (2) Swedish Remedial Exercises. (3) Medical Electricity.	Orthopædic and Ultra-Violet Ray Clinic Nurse. Nurse at Principal Child Welfare Centre.
A. J. Peck ...	Trained Fever Nurse ...	Matron of City Fever Hospital.
Kate P. Perkins...	Trained Nurse ... ... C.M.B. Certificate.	Matron of Maternity Hospital.
Herbert Pollard...	M.R.C.V.S.	Veterinary Surgeon. Veterinary Inspector of Dairy Cows (Part time Officer).
F. W. Richardson.	F.I.C.	Analyst of Food, Drugs, and Fertilizers (Part-time Officer).

The Clerical Staff consists of:—

General.

William V. Morris, Chief Clerk and Vaccination Officer.
Ronald Shaw.
Edward Land.
Thomas P. McKniff.

Maternity and Child Welfare.

Beatrice Lake (Part-time School Medical Service).
Mary T. Kelly, Clerk and Assistant at the Principal Child Welfare Centre.

School Medical Service.

Herbert W. Tate.

Sanitary Inspector's Office.

John Holmes.
Harold Nield.
John Wilson.

Midwifery Service.

District Midwives:—Miss E. M. Storey and Mrs. E. Illingworth.

Changes in Staff During the Year.

Dr. William Gough, F.R.C.S., of Leeds, was appointed as Obstetric Consultant to the Corporation in July, 1935.

Mr. C. A. Murray, District Sanitary Inspector, left the service of the Corporation in July, in order to take up another appointment. Mr. H. H. Johnson (formerly Clerk and Assistant to the Chief Sanitary Inspector) was appointed District Sanitary Inspector in succession to Mr. Murray.

Mr. John Holmes (formerly Temporary Clerk in the Chief Sanitary Inspector's Office) was appointed as Clerk in the Chief Sanitary Inspector's Office, taking the place of Mr. H. H. Johnson.

Two Junior Clerks—J. Wilson and T. P. McKniff—were appointed during the year.

Professional Nursing in the Home.

(a) General.

This is chiefly provided by the local Nursing Association, which employs seven Nurses, in addition to the Superintendent. The Corporation has an arrangement with the Association for the home nursing of cases of puerperal pyrexia, when required.

(b) Infectious Diseases.

The Health Visitors render assistance in the home nursing of cases of Measles, Whooping Cough, Ophthalmia Neonatorum, etc.

Midwives.

During 1935, 29 midwives gave notice of intention to practise, including 9 at the Maternity Hospital, 7 at the County Hospital, and 2 at a Private Maternity Home.

Laboratory Facilities.

By arrangement with the West Riding County Council, the Wakefield Corporation is provided with facilities for pathological examinations at the County Hall Laboratory. These arrangements include the bacteriological examination of water, milk, and pathological specimens. Chemical and bacteriological examinations of the Wakefield Corporation water supply are made in the Laboratory of the West Riding Rivers Board. The chemical analysis of food, drugs, and fertilizers is carried out by Mr. F. W. Richardson, F.I.C., of Bradford.

Legislation in Force.

There have been no changes or additions to the general and local public health legislation in force in the City, a summary of which appeared in my Annual Report for 1931.

Maternity and Nursing Homes.

During the year 1935, one application for registration under the Nursing Homes Registration Act, 1927, was granted, in respect of a small Home of 2 beds, which will mainly be used for maternity cases. The total number of Maternity and Nursing Homes on the register at the end of the year was 3.

Maternity Mortality.

Investigations are made into all maternal deaths and cases of puerperal fever and pyrexia by Dr. Jessie Eeles, Medical Officer for Maternity and Child Welfare. Special reports on maternal deaths are sent to the Ministry of Health Committee on Maternal Mortality.

Ambulance Facilities.

(1) For infectious cases, 2 motor ambulances are provided by the Corporation at the Municipal Hospital for Infectious Diseases. By arrangement with the Corporation, the Smallpox Motor Ambulance, belonging to the Wakefield and District Smallpox Hospital Committee, is garaged at the Municipal Hospital, and is worked by the Corporation driver.

(2) For non-infectious and accident cases, 2 Motor Ambulances are provided at the Police Station.

CLINICS AND TREATMENT CENTRES.

(a) Child Welfare Centres.

Situation.	When open.	Doctor attending.	Health Visitor in charge.
Principal Child Welfare Centre, 15, Margaret Street	Monday	Dr. Eeles	Miss Bell
	Tuesday	Dr. Ross	Miss Staniforth
	Wednesday	Dr. Ross	Miss Gardner
	Thursday	Dr. Eeles	Miss Robertshaw
Snapethorpe Hall Child Welfare Centre, Snapethorpe	Wednesday	Dr. Eeles	Miss Dearden
Manygates Park Child Welfare Centre, Barnsley Road (This Centre was opened on the 12th Nov., 1935, and replaces the old Belle Vue Centre).	Tuesday	Dr. Eeles	Miss Thorp

Each Centre is open from 2 to 5 p.m. on the days stated.

(b) Ante-Natal Clinics.

At the Maternity Hospital, Manygates Park.	Wednesday, 10 a.m. to 12 noon. Thursday, 10 a.m. to 11.30 a.m.
At the Principal Child Welfare Centre, Margaret Street.	Friday, 2 to 4 p.m.

(c) Post-Natal Clinic.

At the Maternity Hospital, Manygates Park.	Thursday, 11.30 a.m.

The Ante-natal and Post-natal Clinics are conducted by Dr. Eeles.

(d) School Clinics.

An Inspection and Treatment Clinic for Minor Ailments is provided at the Town Hall Chambers, King Street, and is open daily. The Ophthalmic and Dental Clinics are held in the same building. Two branch clinics for minor ailments are now open, one at the Snapethorpe Council School, and one at the Child Welfare Centre, Manygates Park, Barnsley Road; both are open each day from 9 to 10 a.m.

(e) Tuberculosis Dispensary.

Is situated in Almshouse Lane, and is used jointly with the West Riding County Council. It is open on Thursday afternoons (2 to 4 p.m.) and Thursday evenings (6.30 to 7.30 p.m.).

(f) Venereal Diseases Clinic.

The Clinic for Venereal Diseases at the Clayton Hospital is in charge of Dr. T. M. Edward, who holds every week two sessions for Men (Wednesday, 6 to 8 p.m., and Friday, 10 a.m. to 12 noon), and two sessions for Women and Children (Monday, 4 to 6 p.m., and Friday, 3 to 5 p.m.). Provision is made at the Clinic for daily irrigation and other treatment, when required.

(g) Orthopædic Clinic.

An Orthopædic Clinic, provided by the Education Committee, is carried on at the Principal Child Welfare Centre in Margaret Street, and is also available for cases sent by the Health and Mental and Child Welfare Committees. Cases requiring hospital treatment are sent to the Yorkshire Children's Orthopædic Hospital, Kirbymoorside. Orthopædic treatment can also be obtained at the Clayton Hospital.

(h) Ultra-Violet Ray Clinic.

An Ultra-Violet Ray Clinic is provided by the Mental and Child Welfare Committee at the Principal Child Welfare Centre in Margaret Street, and is also available for cases sent by the Education and Health Committees.

(i) Anti-Diphtheria Immunisation Clinic.

This Clinic, which was first commenced in February, 1932, is held at the Principal Child Welfare Centre, every Friday afternoon.

LOCAL GOVERNMENT ACT, 1929.

The arrangements made under the above Act were described in my Annual Report for 1931, and no changes have taken place during the year.

POOR LAW MEDICAL OUT-RELIEF.

No material alterations in the arrangements for the above service have been made during the year.

The Corporation employ three District Medical Officers —Dr. J. B. Lyle, Dr. D. Downie, and Dr. J. J. Reynolds (the appointment of the latter is at present on a temporary basis). Each deals with one of the three Medical Relief Districts of the City.

HOSPITALS.

The building of the new Maternity Hospital at Manygates Park was completed during the year, and it was actually opened for patients on 25th October, 1935. The Old Maternity Hospital at Blenheim Road was finally vacated on 8th November, 1935.

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply.

I am obliged to Mr. A. G. Beaumont, the Waterworks Engineer, for the following information:—

" The previous years, 1933 and 1934, were years of drought, and preparations were made for providing emergency supplies in case of necessity. Though the early part of 1935 was rather dry, the rainfall in the autumn, which was the heaviest since records were first kept at Rishworth 54 years ago, brought the rainfall for the year to 17% above the average, and the reservoirs never contained less than 80 days' supply.

"The voluntary economy on the part of the public during the drought appears to have ceased, and the consumption of water tends to increase. The treatment and filtration continue to give excellent results, and regular analyses show that the water as supplied to the City and adjoining Authorities has a high degree of purity and is free from harmful bacteria and action on lead pipes."

Drainage, Sewerage, and Sewage Treatment.

(I am obliged for the information given under this heading, and also under that of "Public Cleansing," to Mr. L. Ives, the City Surveyor).

The extensions to the Calder Vale Sewage Disposal Works have been completed, at a cost of £55,000.

The sewage works now comprise: The 1st Lift Pumping Plant, Screens, Detritus Tank, 4 Preliminary Settling Tanks, 4 Bio-Aeration Units complete with 3 Paddle Power Houses and electrical equipment, 18 Pyramidal Sludge Separating Tanks, and combined Effluent and Return Sludge Pumping Station. The effluent from the Bio-Aeration Tanks is pumped on to the Percolating Bacteria Beds and distribution is effected by 26 Revolving Sewage Distributors, the effluent from which passes through three Humus Tanks and then discharges into the River Calder.

Public Cleansing.

(*a*) Method of Collecting dry house refuse.	The contents of the house bins are emptied into galvanized iron skips, and the refuse deposited into carts provided with canvas covers, also motor refuse collecting vehicles, fitted with roller canvas or wood covers.

(*b*) Method of collecting refuse from earth closets and privies.	Tub closets and privies (of which there are now very few) are emptied at night. The tubs are taken away complete and returned in a special wagon with wooden doors, or covered motor wagon. The contents of privies are loaded into a covered motor wagon.
(*c*) Method of disposing of dry house refuse.	Controlled tipping.
(*d*) Method of disposing of refuse from earth closets and privies.	Stacked and covered with soil on farm land and afterwards ploughed in.
(*e*) Method of cleansing cesspools.	Contents pumped into horse drawn steel sludge tank.
(*f*) Arrangements for the disposal of cesspool contents.	Mostly spread on to grass land, exceptional cases deposited into sewers which immediately afterwards are properly flushed.
(*g*) Ashbin maintenance under the Wakefield Corporation Act, 1924 (Section 125).	On the 31st March, 1936, the number of ashbins maintained by the Corporation was 5,260, for which a charge of one shilling per bin per year is made.

Closet Accommodation.

See Sanitary Inspector's Report.

SANITARY INSPECTION OF THE AREA.

By William Roberts, Senior Sanitary Inspector.

Notices Served.

Informal Notices served	336
Informal Notices complied with	301
Statutory Notices served	61
Statutory Notices complied with	47
Notices outstanding at end of 1935	49
Premises where work has been carried out by Verbal Notices or without notice	251
Letters sent	230
Matters referred to City Surveyor	100
Matters referred to Waterworks Engineer	21
Complaints received	603
Complaints confirmed	501
Nuisances found	224

SYNOPSIS OF INSPECTION WORK.

The term " inspection " refers to the primary visit made to the premises. A " re-inspection " is a visit made after a notice has been given for the remedying of a defect, to ascertain the action taken to comply with such notice.

Total Number of Inspections made	14,592
Total Number of Re-inspections made	2,678

Dwelling Houses.

	Inspections.	*Re-inspections.*
Ordinary	1,618	275
Infectious Disease	288	66
Housing Consolidated Regulations, 1935	121	338
Housing Act, 1930 (Special Surveys, Clearance, etc., Areas)	1,322	1,244*

*The inspections include the Re-survey of properties for the purpose of revising and checking data.

Sanitary Conveniences.

Water Closets	144	99
Privies and Tub Closets	44	—
Urinals	62	18

	Inspections.	*Re-inspections.*
Refuse Storage.		
Ashplaces	111	102
Ashbins	287	48
Drains.		
Inspections	221	132
Smoke Tests	12	—
Chemical Tests	16	—
Sewers, etc.		
Sewers	24	2
Street Gullies	60	95
Factories and Workshops.		
Factories	19	6
Workshops (excluding Bakehouses)	166	2
Workshops (including Restaurant Kitchens, and Stables)	26	2
Bakehouses (Factory)	94	11
Bakehouses (non-Factory)	121	15
Outworkers	2	—
Miscellaneous.		
Borough Market	267	—
Butchers' Shops (Stalls, etc.)	740	10
Cold Stores	35	3
Common Lodging Houses	93	—
Canal Boats	21	—
Cowsheds	194	2
Cattle Market	70	—
Dairies, Milkshops and Milk Stores	479	9
Dangerous Structures	12	2
Entertainment Houses	40	—
Fishmongers' Shops and Stalls	420	1
Houses Let in Lodgings	164	27
Ice Cream Premises	26	2
Meetings with Owners or Tradesmen	861	—
Miscellaneous (including Cesspools, Water Courses, Refuse Tips, etc.)	161	7
Offensive Trades (including Fish Fryers)	239	22
Piggeries	23	12

	Inspections.	*Re-inspections.*
Slaughter-houses—Public ...	1,139	—
Private ...	2,680	—
Special Notices of Slaughter ...	88	—
Smoke Observations	69	—
Schools	60	9
Streets or Back Roads	7	3
Special Visits	514	4
Sanitary Inspections	1,180	—
Van Dwellings	16	21
Visits under Rats and Mice Destruction Act	122	40
Yards and Courts	114	49

The District Sanitary Inspectors have continued to be actively engaged on the survey of dwelling-houses in connection with clearance areas, etc., under the Five Years' Programme under the Housing Act, 1930. It will be observed from the foregoing table that a total of 2,566 houses were surveyed for this purpose.

SUMMARY OF IMPROVEMENTS CARRIED OUT UNDER THE PUBLIC HEALTH ACTS, 1875-1925.

Dwelling Houses.

Cleansed or Limewashed	80
Overcrowding Abated	24
Lighting Improved	—
Ventilation Improved	20
Roofs Repaired	34
Eaves, Spouts or Rain Water Fall Pipes repaired	42
External Walls, Chimneys repaired or re-pointed	10
Inside Walls, Ceilings, etc., repaired	54
New Floors laid or repaired	26
Floors Ventilated	—
Doors Repaired	5
Fireplaces, etc., Repaired	18
Water Supply Improved	—
Wells Abolished	—
Yards Paved	21
Yards Cleansed	2
Food Stores Improved	3
Washing Accommodation Improved	10
Living Vans Removed	3
Dangerous Structures Removed	—

Drains.

Opened Out for Inspection	16
Repaired	27
Reconstructed	3
Inspection Chambers Constructed	1
Drains Choked	557
Drains Cleansed by Corporation Drain Cleanser	458
Drains Cleansed by Owners	99
Drains Ventilated	5
Drains Removed from Inside Building	—
Drains Disconnected from Sewer	7
New Drains Provided	30
Cesspool Repaired	—

Accumulations Removed.

Manure	18
Other	17
Manure Receptacles provided	13

Animals, Poultry, etc.

Nuisance abated	10

Ashbins and Ashplaces.

Movable Galvanised Iron Ashbins renewed (at Shops, Stores, etc.)	23
Movable Galvanised Iron Ashbins provided in lieu of Ashpits	116
Dry Ashplaces abolished	66
Dry Ashplaces repaired	5
Intimations sent to City Surveyor (movable Galvanised Iron Ashbins requiring renewal at 46 dwelling houses)	46

Urinals.

Urinals cleansed or improved	1
New Urinals provided	1
Repaired	5
Abolished	—

Sinks.

New Sinks provided	21
Sink Waste Pipes trapped	2
Sink Waste Pipes repaired	11
Other Waste Pipes repaired	2

Piggeries.

Swine removed	2

Water Closets.

Cleansed or Limewashed	62
Repaired	52
Additional provided	15
Re-constructed	7

SUMMARY OF SANITARY IMPROVEMENTS CARRIED OUT UNDER THE HOUSING ACTS.

Dwelling Houses.

Lighting improved	21
Ventilation improved	139
Windows repaired	29
Roofs repaired	36
Eaves, Spouts, or Rain Water Fall Pipes repaired	50
External Walls, Chimneys, etc., repaired or re-pointed	68
Inside Walls, Ceilings, etc., repaired	124
New Floors laid or repaired	112
Fireplaces, Ovens, or Set Pots repaired	54
Stairways repaired	18
Doors repaired	106
Washing Accommodation improved	19
Food Stores provided or improved	35
Yards paved	54
Water Supply improved	—

Drains.

Opened Out	8
Repaired	3
Reconstructed	—
Rain Water Fall Pipes disconnected from Drain or Sewer	—
Removed from Inside Buildings	—

Sinks.

New Sinks provided	20
Sink Waste Pipes trapped	2
Sink Waste Pipes repaired	3

Water Closets.

Additional provided	2
Repaired	32

Ashplaces.

Dry Ashplaces repaired	1

Closet Accommodation.

The closet accommodation in the City is as follows:—

Water Closets (including 324 Trough Closets)	15,724
Privies	33
Tub Closets	14

No conversions of Privy or Pail Closets were effected during 1935, and the number of this type of sanitary conveniences in the City is as follows:—

Privy Closets—33 (32 attached to dwelling houses and 1 used in connection with workshops).

Pail Closets—14 (7 attached to dwelling houses and 7 used in connection with a workshop).

The closets are situated in the following Municipal Wards:—Alverthorpe (1 privy closet), North Westgate (1 privy closet), South Westgate (9 privy closets and 5 pail closets), Primrose Hill (1 privy closet and 7 pail closets), Calder (2 pail closets), Belle Vue (6 privy closets), Sandal (15 privy closets).

During the past year 5 Trough Closets were abolished in connection with properties, subject to demolition by action under the Housing Act.

CANAL BOATS.

The number of boats on the register at the end of 1935 was 5. 21 boats were inspected during the year. The boats inspected were occupied by 34 male and 5 female adults, and 1 male and 4 female children. There were no contraventions of the Canal Boats Acts and the regulations made thereunder.

RAT REPRESSION.

As in former years arrangements were made for the observance of National Rat Week in the City from the 4th to the 9th November. It is found that the occupiers of the various premises subject to infestation are taking ready and active steps to combat the menace, but there are still many old buildings remaining in the City where rat repression will continue to remain a problem owing to the nature of construction.

Whilst it is found that active steps are taken throughout the whole year, in the eradication of rats, much further interest is aroused among the general population in consequence of the publicity given to the national effort.

PRIVATE STREETS AND PAVING OF YARDS.

The steady progress referred to in the Report of 1934 is still being maintained in regard to the paving of private streets and yards. During 1935, 29 private streets have been made up under the Private Street Works Act.

A total of 75 private yards have been provided with surface paving or the existing paving has been improved as a result of action taken under the Public Health Acts.

STREET GULLIES.

A total of 120 street gullies have been provided with modern fittings containing traps, and the work has mostly been carried out in those districts where the nuisance from effluvia has been most acute.

COMMON LODGING HOUSES.

Number on Register at end of 1935.	For both Sexes.	For Men only.	Number of Persons Registered for.
10	3	7	555

The houses on the register are the same as those remaining at the end of 1934, and have on the whole been maintained in a satisfactory condition during the year. It is found that the demand for this type of accommodation is still on the decline, and this is principally accounted for by reason of certain other accommodation being available in houses conducted in such a manner as to make them immune from the law governing Common Lodging Houses.

The houses referred to are of the large type previously used as private residences and owing to their situation and lack of modern appurtenances are not in demand for occupation by private families. In consequence the houses are opened for the reception of weekly lodgers, who occupy the same mostly on communal lines. It is further found that it is a decided advantage from a monetary point of view for persons to seek after this class of accommodation. Until the present legal definition as to what constitutes a Common Lodging House is changed, these houses will continue to be occupied, and no doubt the practice will be extended.

The following matters or contraventions of the Byelaws were dealt with and remedied during the year:—

Cleansing	11	Vermin Infestation ...	5
Water Closets Repaired	2	Roof Repaired	1
Water Closets Cleansed	3	Drain Cleansed	1

HOUSES LET IN LODGINGS.

Number on Register at end of 1935	15
Number taken off during the year	—
Number put on during the year	—
Total Accommodation (adults) at end of 1935	364

The number of Houses Let in Lodgings on the register remains the same as last year. These houses are subject to regular inspection and are found to be maintained in a reasonably satisfactory condition.

At the same time the majority of the houses can never be recognised as providing satisfactory housing accommodation on account of many of the buildings not being designed to accommodate a number of families in the various rooms as separate tenements. It would appear from the number of houses we have to deal with from time to time where the practice of sub-letting has been resorted to, that a demand still exists for the tenement type of accommodation.

During 1935 it was necessary for the Department to intervene in 14 cases where houses were found to be occupied by sub-let families, and in each instance the premises were not fit for the purpose.

The following matters or contraventions of the bye-laws were dealt with and remedied during the year: —

Cleansing	6	Vermin Infestation ...	3
Water Closet	3	Roof Repaired	1
Drainage	2		

ATMOSPHERIC POLLUTION.

Emission of Smoke from Industrial Chimneys, 1935.

TABLE I.

No. of Boilers.	No. of Observations.	Dense Black Smoke—Minute in the ½ Hour.								
		Nil	½	1	2	3	4	5	5-10	10-15
1	19	14	—	1	3	—	1	—	—	—
2	29	14	—	2	4	6	1	2	—	—
3	15	—	1	8	4	1	—	—	1	—
7	6	3	1	—	1	—	1	—	—	—
Total	69	31	2	11	12	7	3	2	1	—

TABLE II.

Year.	No of Observations.	Dense Black Smoke.—Minutes in the ½-Hour. —Percentage.													
		Nil.	1	2	3	4	5	5-10	10-15	15-20	20-25	25-30	30-35	35-40	40-45
1923	257	34.6	11.2	7.3	5.8	6.6	7.7	11.6	5.0	4.2	3.5	1.1	8.3	0.3	—
1924	740	44.7	10.4	7.1	7.0	5.1	4.8	10.6	6.0	2.4	0.8	0.4	0.2	—	—
1925	318	52.2	12.2	10.6	9.6	3.4	3.4	5.0	1.5	0.6	0.9	—	—	—	—
1926	315	48.6	14.6	5.7	4.1	4.1	2.2	13.7	1.9	1.5	1.5	0.9	—	0.3	0.6
1927	925	57.9	9.5	8.6	2.2	5.4	0.2	8.8	4.7	0.6	1.2	0.1	0.3	—	—
1928	532	77.1	6.0	5.2	2.4	2.8	0.9	2.6	1.8	0.3	0.5	—	—	—	—
1929	76	59.21	5.26	13.1	6.6	2.6	2.6	—	—	—	—	—	—	—	—
1930	93	65.59	2.15	9.7	4.3	4.3	1.1	6.5	4.3	—	3.2	1.1	—	—	—
1931	55	60.00	16.36	3.63	1.81	1.81	1.81	1.81	—	—	3.63	—	—	—	—
1932	79	57.00	25.31	7.59	1.25	2.53	1.25	—	1.25	—	1.25	—	—	—	—
1933	48	50.00	29.16	6.25	4.08	—	2.08	8.33	—	—	—	—	—	—	—
1934	85	38.82	30.58	16.47	4.70	1.18	—	3.53	2.36	2.36	—	—	—	—	—
1935	69	44.93	18.84	17.39	10.14	4.35	2.90	1.45	—	—	—	—	—	—	—

TABLE III.

MONTHLY RECORD OF SOOT DEPOSITS IN STANDARD GAUGES, 1935.

Month.	Tons of Total Solids per Square Mile.	
	Northgate Station.	Clarence Park Station
January	17.76	6.30
February	30.79	5.80
March	21.99	9.43
April	28.52	7.82
May	23.15	8.58
June	26.42	11.36
July	18.62	6.47
August	17.83	10.73
September	25.22	33.56
October	27.72	14.22
November	15.46	10.90
December	21.50	10.26
Average per month	22.91	11.28

TABLE IV.

ANNUAL RECORD OF SOOT DEPOSIT IN STANDARD GAUGES IN WAKEFIELD FROM 1927 to 1935.

Year. (Monthly Average).	**Tons of Total Solids per Square Mile.**	
	Northgate Station.	**Clarence Park Station.**
1927	27.47	21.66
1928	27.79	15.70
1929	20.65	9.54
1930	21.78	9.34
1931	20.98	8.58
1932	19.10	8.38
1933	21.31	8.75
1934	18.07	7.61
1935	22.91	11.28

It has been necessary during the year to serve six notices of offence under the Public Health (Smoke Abatement) Act, 1926, regarding the emission of dense black smoke. The number of notices was considerably less than in the previous year, and it was found on subsequent observations of the offending chimneys that improvements had been effected.

The number of smoke observations made by sanitary inspectors during the year is somewhat low, but this has been inevitable on account of the increased work involved with the clearance of insanitary dwelling houses.

It will be seen that the total solids recorded at the Northgate and Clarence Park Stations on the Standard Gauges show an increase; indeed, each station is higher than in any year since 1928.

It is, however, gratifying to find in a recent report issued by the Department of Scientific and Industrial Research that Wakefield is among only five stations which show a consistent reduction in all the components of deposit last year. It is interesting to note that a large number of other towns included in the survey have shown an increase in the atmospheric deposits. On the other hand, it is disappointing to find after so many years of propaganda for a pure atmosphere, and after instruction in means of preventing pollution, and the resultant economic loss and injury to health, that in the report previously referred to a gloomy conclusion had been arrived at by the fact that the level of deposited impurity was as great as ever.

Progress is steadily being made in connection with industrial plants, but the domestic fire still remains responsible for a large amount of atmospheric pollution, this being particularly evident on Sundays when the various works in the City are not generating steam. In order to lessen the pollution from the domestic fire many good improvements have been made in the types of modern grates, with no doubt still further improvements to follow. It is to be hoped that this, in combination with a smokeless fuel at a price within the reach of everybody will prove a solution to the domestic problem.

Owing to the lack of students no classes were held during the year on Boiler Efficiency and Smoke Abatement at the Technical College. These classes were inaugurated in 1927-1928, and ran continuously for seven years. It is hoped that a sufficient number of students will be available in the near future so as to enable the lectures to be resumed.

We have again to record our thanks to J. H. Garner, Esq., B.Sc., Chief Inspector of the West Riding of Yorkshire Rivers Board, for the valuable assistance he has given in connection with the examination of atmospheric deposits collected at the Clarence Park and Northgate Stations.

MILK SUPPLY.

Registration of Cowkeepers, etc.

Cowkeepers and Milk Purveyors resident in the City	19
Milk Purveyors resident in the City	225
Milk Purveyors from Districts outside the City ...	44

(Included in the Registered Milk Purveyors resident in the City are 171, who are registered to sell Milk from a shop in sealed bottles only).

39 Milk Purveyors were added to the Register during the year (4 from Districts outside the City).

34 Milk Purveyors discontinued business during the year (2 from Districts outside the City).

The following improvements and matters have been dealt with at various dairies during the year:—

Cleansing	10
New Dairy provided	2
Dairy reconstructed	3
Bottles exposed to contamination	1
Refuse Receptacle provided	—
Cooling Room provided	—
Coolers provided	1
Sterilizer Plants provided	3

It has been necessary to deal with the following defects and improvements at Cowsheds during the year:—

Cleansing of Mistals	11
Floors reconstructed	2
Dirty Milking Stools	1
Animals requiring cleansing	4
Drinking Bowls provided	1
Walls re-surfaced	1
Accumulation of Manure removed	—
Yard paved	1
Caps and Overalls provided	4
New Cowsheds	1

Bacteriological Examination of Milk.

During the year 53 samples of Milk were taken in the City and bacteriologically examined at the County Hall Laboratory.

The following tables give a summary of the results of the examination as regards:—

(a) Bacterial Content.

Total Bacteria per c.c.	Number of Samples.	Place of Production.	
		Inside City.	Outside City.
Under 5,000	7	—	7
5,000—10,000	5	2	3
10,000—50,000	18	9	9
50,000—100,000	3	1	2
100,000—500,000	20	6	14
500,000—1,000,000	—	—	—
Total	53	18	35

(b) Presence of Bacillus Coli (in three tubes).

Number of Tubes.	Number of Samples.	Place of Production.	
		Inside City.	Outside City.
Absent ...	34	12	22
No. 1	6	2	4
Nos. 1 and 2 ...	1	—	1
Nos. 1, 2, and 3	12	4	8
Nos. 2 and 3 ...	—	—	—
Total ...	53	18	35

All 53 samples were examined by animal inoculation for tuberculosis infection, and 3 samples or 5.66 per cent. gave positive results as against 5.88 per cent. in 1934. All 3 samples had been produced at cowsheds situate outside the City boundary.

The results of the samples submitted for bacteriological examination prove that a steady improvement is continuing to take place in the production of milk under more clean and wholesome conditions. Of the 53 samples submitted 36 or 67.9 per cent. were reported to be satisfactory and 32 of these samples came within the standard of that required for Grade "A."

Quality of Milk.

104 samples of new milk were examined by the City Analyst for quality, and 12 (11.54 per cent.) were reported as not being up to standard, as against 14 (12.61 per cent.) in 1934, and as compared with 5.5 per cent. for that of England and Wales for 1934.

COMPOSITION OF MILK SAMPLES TAKEN DURING 1935.

Month.	Number of Samples.	Average Fat.	Average Non-Fatty Solids.
January ...	3	3.61	9.09
February ...	9	3.82	8.98
March ...	7	3.90	8.93
April	14	3.49	8.93
May	9	3.67	9.07
June	8	3.67	8.74
July	9	3.54	8.66
August ..	9	3.78	8.94
September ...	12	3.91	8.93
October ...	13	3.58	8.52
November ...	9	3.36	8.93
December ...	2	3.41	9.20
Total ...	104	3.65	8.91

The Milk (Special Designations) Order, 1923.

Number of Licences in operation during 1935—17.
1 Licence is to retail Grade "A" (T.T.) Milk.
19 Licences are to retail Grade "A" Milk.
2 Licences are to produce Grade "A" Milk.
3 Licences are to retail Pasteurised Milk.
1 Licence is to Pasteurise Milk.

During the year a licence has been issued under the Milk (Special Designations) Order, 1923, to a City Cowkeeper to produce Grade "A" Milk.

Certified milk is supplied to both Municipal Hospitals in the City.

General Remarks on Milk Supply.

Further progress has continued to be made in the production of a clean and wholesome milk supply, and it is found that most of the cowsheds and dairies in the City have been maintained in a satisfactory manner. The members of the milk industry generally are becoming more enlightened to modern requirements connected with their businesses and are always ready and willing to co-operate with the Health Department to ensure the hygienic distribution of this important article of food.

It is pleasing to record that two further dairies have been equipped with sterilizing outfits, and it cannot be too strongly emphasised that the provision of this important unit of cleanliness is becoming more urgent in view of the increase which is taking place in the distribution of milk in bottles.

A further licence to produce Grade "A" milk in the City was granted during the year.

ANALYSIS OF FOOD AND DRUGS.

(a) Samples Taken.

Name of Article.	Total.	No. of samples taken for analysis.		No. found adulterated		Percentage adulterated	
		Formal	In-formal	Formal	In-formal	Formal	In-formal
New Milk (Quality)	104	104	—	12	—	11.54	—
New Milk (Certified)	1	1	—	—	—	—	—
Sterilized Milk ...	2	2	—	—	—	—	—
Pasteurised Milk ...	3	3	—	—	—	—	—
New Milk, Grade "A"	2	2	—	—	—	—	—
Dried Milk ...	2	—	2	—	—	—	—
Condensed Milk ...	1	—	1	—	—	—	—
Ammoniated Tincture of Quinine	1	—	1	—	—	—	—
Baking Powder ...	1	—	1	—	—	—	—
Bi-carbonate of Soda	1	—	1	—	—	—	—
Boric Ointment ...	1	—	1	—	—	—	—
Blaud's Pills ...	1	—	1	—	—	—	—
Bread and Butter	1	—	1	—	—	—	—
Butter	3	—	3	—	—	—	—
Camphorated Oil	1	—	1	—	—	—	—
Castor Oil ...	2	—	2	—	—	—	—
Cheese	1	—	1	—	—	—	—

Name of Article.	Total.	No. of samples taken for analysis.		No. found adulterated		Percentage adulterated	
		Formal	In-formal	Formal	In-formal	Formal	In-formal
Cod Liver Oil Emulsion ...	2	—	2	—	—	—	—
Coffee	1	—	1	—	—	—	—
Cream	3	—	3	—	—	—	—
Cream, Tinned ...	1	—	1	—	—	—	—
Cream, Ice ...	1	—	1	—	—	—	—
Custard Powder ...	1	—	1	—	—	—	—
Dripping (Beef) ...	1	—	1	—	—	—	—
Easton's Syrup ...	1	—	1	—	—	—	—
Fish Paste ...	1	—	1	—	—	—	—
Fruit, Dried ...	2	—	2	—	—	—	—
Fruit Wine ...	1	—	1	—	—	—	—
Glauber Salts ...	1	—	1	—	—	—	—
Glycerine	1	—	1	—	—	—	—
Glycerine, Lemon and Ipec Mixture	1	—	1	—	—	—	—
Golden Syrup ...	1	—	1	—	—	—	—
Ground Ginger ...	1	—	1	—	—	—	—
Honey	1	—	1	—	—	—	—
Iodine Ointment	1	—	1	—	—	—	—
Jam (Raspberry) ...	2	—	2	—	—	—	—
Lard	2	—	2	—	—	—	—
Lemonade Powder	1	—	1	—	—	—	—
Lemon Juice, Honey and Glycerine	1	—	1	—	—	—	—
Liquorice Powder	2	—	2	—	—	—	—
Lysol	1	—	1	—	—	—	—
Margarine ...	2	—	2	—	—	—	—
Milk of Sulphur ...	1	—	1	—	—	—	—
Minced Beef ...	1	—	1	—	—	—	—
Mincemeat ...	1	—	1	—	—	—	—
Mint Sauce ...	1	—	1	—	—	—	—
Mustard	1	—	1	—	—	—	—
Olive Oil	2	—	2	—	—	—	—
Paregoric	1	—	1	—	—	—	—
Parrish's Food ...	1	—	1	—	—	—	—
Preserving Sugar	1	—	1	—	—	—	—
Peas (Tinned) ...	1	—	1	—	—	—	—
Pepper (White) ...	1	—	1	—	—	—	—
Potted Meat ...	2	—	2	—	—	—	—

	Total.	No. of samples taken for analysis.		No. found adulterated		Percentage adulterated.	
		Formal	In-formal	Formal	In-formal	Formal	In-formal
Sausage (Beef) ...	2	—	2	—	—	—	—
Sausage (Pork) ...	3	1	2	1	1	100	50
Seidlitz Powder ...	1	—	1	—	—	—	—
Self Raising Flour	1	—	1	—	—	—	—
Sponge Cakes ...	1	—	1	—	—	—	—
Suet, Shredded ...	1	—	1	—	—	—	—
Sultanas	1	—	1	—	—	—	—
Sweet Spirit of Nitre	2	1	1	—	1	—	100
Sweets (Liquorice Allsorts) ...	1	—	1	—	—	—	—
Tea	2	—	2	—	—	—	—
Tincture of Iodine	1	—	1	—	—	—	—
Vinegar	2	—	2	—	—	—	—
Zinc Ointment ...	1	—	1	—	—	—	—
Totals	194	114	80	13	2	11.40	2.50

(b) Particulars of Adulterated Samples.

No.	Article.	Defects.	Action Taken.
589	Sweet Spirit of Nitre	Contained only 80 per cent. of Minimum amount of Nitrous Ether.	Follow up sample No. 1 taken and found to be genuine. Warning letter sent to Vendor.
22	New Milk	Contained 86 per cent. of the minimum amount of fat.	Follow up sample No. 26 taken and found to be genuine. Warning letter sent to Vendor.

No.	Article.	Defects.	Action taken.
58	New Milk	Contained 4.7 per cent. of added water.	Follow up samples Nos. 66 and 67 taken in course of delivery to vendor. No. 66 found to be genuine and No. 67 adulterated.
67	do.	Contained 3.5 per cent. of added water.	Follow up sample No. 103 taken and found to be adulterated.
103	do.	Contained 1.4 per cent. of added water.	Follow up samples Nos. 106, 107 and 108 taken in course of delivery to vendor. Nos. 107 and 108 found to be genuine and No. 106 adulterated.
106	do.	Contained 1.4 per cent. of added water.	Appeal to Cow samples Nos. 109, 110, obtained by W.R.C.C. Sampling Officer and found to be genuine. Warning letter sent to producer.
68	do.	Contained 1.7 per cent. of added water.	Follow up sample No. 143 taken and found to be adulterated.
143	do.	Contained 3 per cent. of added water.	Appeal to Cow samples Nos. 145 and 146, obtained by W.R.C.C. Sampling Officer and found to be genuine. Warning letter sent to vendor.

No	Article.	Defects.	Action taken.
75	New Milk	Contained 92.7 per cent. of minimum amount of fat.	Follow up sample No. 114 taken and found to be genuine.
65	Pork Sausage	Contained 560 parts per million of Boric Acid.	Formal sample No. 73 taken and found to be adulterated.
73	Pork Sausage	Contained 496 parts per million of Boric Acid.	Vendor prosecuted. Fine £2. Costs 15/-.
125	New Milk	Contained 18.8 per cent. of added water.	Follow up sample No. 126 taken in course of delivery to vendor, and No. 127 from producer and found to be adulterated.
126	do.	Contained 26 per cent. of added water.	Appeal to Cow samples Nos. 128, 129, obtained by W.R. C.C. Sampling Officer, and found to be genuine.
127	do.	Contained 14.3 per cent. of added water.	Producer prosecuted. Fine £5. Costs £5 4s. 6d.
136	do.	Contained 94 per cent. of minimum amount of fat.	Follow up sample No. 199 taken and found to be genuine.

SLAUGHTERHOUSES.

The number of Slaughter-houses in the City is as follows:—

Registered Slaughter-houses	7
Licensed Slaughter-houses	15
Total	22

The above figures do not include the Public Slaughter-house owned by the Corporation.

The observance of the Public Health (Meat) Regulations, 1924, has been satisfactorily carried out by Meat Traders during the year. In only one instance was it necessary to resort to legal proceedings. The contravention referred to arose on two charges of breach of the regulations (1) for failing to give notice of the slaughter of a sheep and (2) removing the sheep, which was in a diseased condition, without first giving notice. The owner of the animal was convicted and fined £4 on each charge.

Slaughter of Animals Act, 1933.

During 1935, 71 persons were licensed under this Act to slaughter animals at the Public or Private Slaughter-houses in the City. In 67 cases the existing licenses were renewed and 4 new licenses were issued.

The observance of the Act has been carried out in a satisfactory manner during the year, and no serious breach of the requirements has taken place.

Number of Animals Slaughtered in the City during 1935.

	Beasts.	Calves.	Pigs.	Sheep.	Total.
Public Slaughter House	4267	324	2251	9301	16,143
Private Slaughterhouses	1900	193	5215	4081	11,389
Total for the Year	6167	517	7466	13,382	27,532

From the above table it will be seen that a total of 27,532 animals were slaughtered in 1935 as against 26,614 in the previous year, being an increase of 918 over the latter figure.

The increase was in connection with beasts (593), calves (41), and pigs (906), whilst sheep showed a decline of 722. The increase in animals slaughtered was Public Slaughter House—177, and Private Slaughter Houses—741.

Condemnations of Unsound Food.

Meat	2819	Weighing 6,937 Stones.
Fish	2	
Rabbits	7	
Tinned Goods ...	9	755 Tins.
Poultry	1	
Vegetable	3	
Fruit	4	

Where Condemnations Made.

Cold Stores	10	Private Slaughter Houses	701
Shops	11	Borough Slaughter House	2103
Railway Goods Yard	2		
Borough Market ...	6		
Warehouses ...	6		

In two instances it was necessary to seize the food by Statutory procedure and to obtain a Magistrates' Order for the condemnation and destruction of same.

Number of Carcases Condemned.
Condemnations due to Tuberculosis.

Animals.	Whole Carcases.		Part Carcases.	
	Borough Slaughter House.	Private Slaughter Houses.	Borough Slaughter House.	Private Slaughter Houses.
Cows ...	*159	10	35	6
Heifers	5	—	—	—
Bullocks	3	—	1	—
Bulls ...	3	—	—	—
Calves ...	5	—	—	—
Pigs ...	13	11	—	—
Total	188	21	36	6

* Including 2 animals slaughtered under the Tuberculosis Order, 1925, from premises situate within the City.

Condemnations due to other Defined Disease.

Animals.	Whole Carcases.		Part Carcases.	
	Borough Slaughter House.	Private Slaughter House.	Borough Slaughter House.	Private Slaughter House.
Cows ...	22	—	21	2
Heifers	—	—	—	—
Bullocks	—	—	—	—
Calves ...	3	3	—	—
Pigs ...	8	5	5	2
Sheep ...	26	2	8	—
Totals ...	59	10	34	4

Condemnations of Offal.

Animals.	Tuberculosis.				Other Conditions.			
	Priv. Sl. House.		Boro. Sl. House.		Priv. Sl. House.		Boro. Sl. House	
	Condemnations.	Weight Stones.	Condemnations.	Weight Stones.	Condemnations.	Weight Stones.	Condemnations.	Sts. Wt.
Bovines ...	647	1066	224	389	546	555	57	97
Sheep ...	—	—	—	—	21	19	3	2
Pigs ...	125	153	164	225	36	26	35	26
Calves ...	10	9	2	2	10	8	1	1
Totals ...	782	1228	390	616	613	608	96	126

	1934.	1935.
Percentage of Condemnations due to Tubercular Disease	63.70	63.46
Percentage of Bovines affected with Tubercular Disease	18.90	17.74
Percentage of Pigs affected with Tubercular Disease	4.43	4.05
Percentage of all animals slaughtered in the City affected with disease ...	7.30	8.11
Percentage of all animals slaughtered in Private Slaughter-houses affected with disease	4.63	4.63
Percentage of all animals slaughtered in Borough Slaughter-house affected with disease	9.82	10.63

In addition to the above a total of 77 whole carcases and parts of five carcases, along with edible offal, giving a total weight of 18 tons 4 cwts., were condemned as unfit for human consumption. These condemnations were made in connection with the slaughter of animals brought into the Public Abattoir by the Chief Veterinary Officer of the West Riding County Council, from districts situate outside the City boundary.

The Borough Slaughterhouse has continued to be a centre for the slaughter of animals under the Tuberculosis Order, 1925, a total of 159 animals having been dealt with during the year.

RAG FLOCK ACTS, 1911 and 1928.

During the year 2 samples of Rag Flocks were obtained and submitted for analysis under the Rag Flock Acts.

The City Analyst reported that both of the samples were satisfactory. The samples were obtained at premises where the manufacture of upholstery is carried on, the material being used in connection with same. No manufacture of Rag Flocks is carried on in the City.

OFFENSIVE TRADES.

Offensive Trades on the Register at the end of 1935.

Trade.	Number.
Tripe Boiling	4
Gut Scraping	3
Rag and Bone Dealing	3
Fish Frying	66
Total	76

Offensive Trades taken off Register during 1935	2
Offensive Trades put on Register during 1935	2

All the Offensive Trade premises have been kept under regular supervision throughout the year, and are found to be generally conducted in a satisfactory manner.

Certain matters of a minor character were found to require attention, and were satisfactorily dealt with as follows:—

Collection of Offal	1
Cleansing	3
Accumulations	2
Drainage	3

During the year 1 Gut Scraper and 1 Fish Fryer were added to the Register and 1 Tripe Boiler and 1 Fish Fryer were taken off the Register.

In the case of three fish fryers' businesses, improvements have been carried out which will undoubtedly assist in the preparation and distribution of the commodity under more hygienic conditions.

FACTORIES, WORKSHOPS, AND WORKPLACES.

1. Inspection of Factories, Workshops, and Workplaces.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of		
	Inspections.	Written Notices.	Occupiers Prosecuted.
Factories (including Factory Laundries) ...	25	2	—
Workshops (including Workshop Laundries) ...	168	1	—
Workplaces (other than Outworkers' premises)	18	—	—
Total	221	3	—

2.—Defects found in Factories, Workshops, and Workplaces.

Particulars.	Number of Defects		Referred to H.M. Inspector.	Number of Offences in respect to which Prosecutions were instituted.
	Found.	Remedied.		
Nuisances under the Public Health Acts: —				
Want of Cleanliness	13	13		
Drains Repaired	1	1		
Want of Ventilation	—	—		
Walls	1	1		
Overcrowded	—	—		
Floors	—	—		
Other Nuisances	4	4		
Sanitary Accommodation. Insufficient	3	3		
Sanitary Accommodation. Unsuitable or defective ...	6	6		
Sanitary Accommodation. Not separate for sexes ...	1	1		
Total	29	29	—	—

OUTWORK IN UNWHOLESOME PREMISES.
SECTION 108.

Nil.

REGISTERED WORKSHOPS.

Workshops on the Register (S. 131) at end of year.	Number.
Bakehouses (Factory)	10
Bakehouses (Workshops)	49
Dressmaking	9
Saddlery	3
Boot Repairing	14
Millinery	2
Upholstery	7
Tailoring	8
Joinery	11
Other Workshops	59
Total	172

During the year 3 Notices were received from H.M. Inspector of Factories regarding the following:—

Defects.	Found.	Remedied.
Insufficient Water Closet Accommodation	1	1
Insufficient Lighting	1	1
Cleansing	1	1

Shops Act, 1934.

The administration of Section 10 of the Shops Act, 1934, which contains provisions for improving the condition of the health and comfort of all persons of whatever age who are employed about the business of a shop, is carried out by the Health Department.

Although it has not been possible to devote a large amount of time to the survey rendered necessary by the requirements of this Act, owing to pressure of other work, it is hoped that a full survey will be carried out in the near future of all shops in the City. It should, however, be pointed out that in carrying out this survey many difficulties are likely to be encountered owing to the nature of the construction of many of the shops at present used for business purposes in the City.

During the year 321 inspections and surveys were made of shops, and arising therefrom 22 Notices were served. In 12 cases the Notices had been complied with up to the end of the year. The improvements effected were as follows:—

(1)	Means of heating provided	2
(2)	Water Closet provided or improved ...	10

HOUSING.

(a) Statistics.

Number of New Houses erected during 1935.

Size of House according to number of Habitable Rooms.	Total.	Built by Corporation..	Built by Private Enterprise.
2 roomed	60	60	—
3 ,, ...	2	—	2
4 ,, ...	251	132	119
5 ,, ...	46	—	46
6 ,, ...	22	—	22
7 roomed and over ...	3	—	3
Total	384	192	192

The number of New Houses erected in each of the Wards is as follows:—

Alverthorpe ...	118	Kirkgate	—
North Westgate...	141	Calder	64
South Westgate...	8	Belle Vue ...	16
St. John's ...	12	Sandal	8
Eastmoor ...	17		

1.—Inspection of Dwelling Houses during the Year.

(1)	(*a*)	Total number of Dwelling Houses inspected for housing defects (under Public Health or Housing Acts)	425
	(*b*)	Number of inspections made for the purpose	2,652
(2)	(*a*)	Number of Dwelling Houses included in Sub Head (1) above, which were inspected and recorded under the Housing Consolidated Regulations, 1925. (In addition 1,322 houses were surveyed in Clearance Areas)	121
	(*b*)	Number of inspections made for the purpose	759
(3)		Number of Dwelling Houses found to be in a state so dangerous or injurious as to be unfit for human habitation	3
(4)		Number of Dwelling Houses (exclusive of those referred to under the preceding Sub Head) found not to be in all respects reasonably fit for human habitation	76

2.—Remedy of Defects during the Year without Service of Formal Notice.

Number of defective Dwelling Houses rendered fit in consequence of informal action by the Local Authority or their Officers	348

3.—Action under Statutory Powers during the Year.

A.—Proceedings under Sections 17, 18, and 23 of the Housing Act, 1930:—

(1)		Number of Dwelling Houses in respect of which Notices were served requiring repairs	6
(2)		Number of Dwelling Houses which were rendered fit after service of Formal Notice.	
	(*a*)	By Owners	6
	(*b*)	By Local Authority in default of Owners	—

B.—Proceedings under Public Health Acts.

(1)	Number of Dwelling Houses in respect of which Notices were served requiring defects to be remedied ...	50
(2)	Number of Dwelling Houses in which defects were remedied after service of Formal Notice.	
	(*a*) By Owners	50
	(*b*) By Local Authority in default of Owners ...	—

C.—Proceedings under Sections 19 and 21 of the Housing Act, 1930:—

(1)	Number of Dwelling Houses in respect of which Demolition Orders were made	1
(2)	Number of Dwelling Houses demolished in pursuance of Demolition Orders	1

(In addition to the above, 2 houses were represented as unfit for human habitation, and undertakings were entered into between the Council and owners of the respective properties, under Section 19 (2) that the Dwelling Houses should not be used for human habitation).

D.—Proceedings under Section 20 of the Housing Act, 1930:—

(1)	Number of Separate Tenements or Underground Rooms in respect of which Closing Orders were made ...	—
(2)	Number of Separate Tenements or Underground Rooms in respect of which Closing Orders were determined, the Tenement or Room having been rendered fit	—

Remarks on Housing.

The work in connection with house inspection, particularly with regard to the survey of unfit houses, has continued to take up a large amount of the time of the inspectorial staff during the year. Some idea of the extent of this work may be gathered from the fact that a total of

1,322 houses have been dealt with during the year. In addition a total of 121 houses have been inspected and recorded under the Housing (Consolidated) Regulations, and the properties concerned were largely of a standard which rendered them capable of being made fit. Included in the total houses inspected under the Regulations were three houses found to be unfit for human habitation, and in consequence were dealt with by action under Section 19 of the Housing Act, 1930. One house was subject to a Demolition Order, and the other two houses were subjected to undertakings given by the owners that they should not be used for human habitation.

Further progress has been made in connection with the clearance of unfit houses included in areas. On the 14th February, 1935, representation was made to the Slum Clearance Committee in respect of 302 houses, having a total population of 1,022 persons, as being unfit for human habitation.

The properties were contained in 31 areas as follows:—

Areas.	Houses.	Population.
ALVERTHORPE—		
No. 1 (Light Lane) ...	5	27
2 (Glover's Buildings)...	16	54
3 (Teal's Buildings ...	6	26
4 (Blacksmith's Fold)...	33	112
5 (Batley Road "A") ...	3	15
6 (Batley Road "B") ...	5	11
7 (Albson's Buildings) ...	3	5
8 (Green Lane) ...	5	8
9 (Prest's Buildings) ...	10	25
10 (Wellington Yard) ...	7	23
11 (Albion Square) ...	7	19
12 (Milner's Court) ...	16	66
13 (Flanshaw Lane "A")	3	8
14 (Flanshaw Lane "B")	4	12
15 (Flanshaw Lane "C")	7	19
16 (Huntsman Fold) ...	7	33
Total Alverthorpe Areas ...	137	463

Areas.	Houses.	Population.
WESTGATE—		
No. 1 (Halliley Row) ...	24	67
2 (Globe Yard)... ...	9	40
3 (Brewer's Arms Yard)	3	11
4 (Quebec Street "A") .	9	44
5 (Quebec Street "B") .	9	33
6 (Quebec Street "C") .	9	34
7 (Schofield's Yard) ...	8	29
8 (Scott's Yard) ...	16	46
9 (Prospect Yard) ...	3	12
10 (White Horse Yard) .	10	38
11 (Albion Court) ...	3	25
Total Westgate Areas ...	104	379
KIRKGATE—		
No. 1 (Hartley's Yard) ...	11	35
2 (Ingwell Street "A")	29	81
3 (Ingwell Street "B")	4	15
4 (Monk Street) ...	17	49
Total Kirkgate Areas ...	61	180
GRAND TOTAL	302	1022

The City Council, on the 2nd April, 1935, made Orders in respect of each of the areas referred to, which were dealt with by means of Clearance Order procedure.

A Public Inquiry was held by the Minister of Health on the 25th June, 1935, and the Orders were confirmed with the following exceptions:—

(*a*) 1 house was totally excluded.

(*b*) 21 houses were excluded on undertakings from the owners not to use for human habitation.

(*c*) 21 houses were excluded on undertakings from the owners to make them fit for human habitation.

(*d*) 1 house was excluded on the grounds that it did not comprise an area, and is to be dealt with under Section 19 of the Housing Act, 1930.

Re-housing.

In order to provide re-housing accommodation for the families included in the Orders, the Council gave instructions for houses to be erected as follows:—

Horbury Road Estate	74 A3
Peacock Farm Estate	66 A2
	106 A3
	20 A4

During the year the re-housing of tenants from the Northgate and Eastmoor areas was dealt with, and at the end of the year 161 families with a total population of 555 persons had been displaced.

The transference of tenants to re-housing houses has continued to be under the control of the Health Department, and all the household contents of the families re-housed were subjected to treatment with Hydrocyanic Acid gas before entering into occupation of the new municipal houses. The supervision of re-housing estates has also continued to receive attention, and it is found that generally speaking the tenants of these houses are responding to the improved housing conditions provided for them.

WILLIAM ROBERTS.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES.

Notification of Infectious Diseases, 1935.

DISEASE.	Number of Cases Notified.													Total number of cases Treated in Hospital.	Number of Deaths.												
	At all Ages.	0—1 yr.	1—2 yrs.	2—3 yrs.	3—4 yrs.	4—5 yrs.	5—10 yrs.	10—15 yrs.	15—20 yrs.	20—35 yrs.	35—45 yrs.	45—65 yrs.	65 and over.		At all Ages.	0—1 yr.	1—2 yrs.	2—3 yrs.	3—4 yrs.	4—5 yrs.	5—10 yrs.	10—15 yrs.	15—20 yrs.	20—35 yrs.	35—45 yrs.	45—65 yrs.	65 and over.
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Plague	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria (including Membranous Croup)	211	1	6	12	16	18	77	53	14	8	4	1	1	205	11	1	—	3	—	1	4	1	—	—	—	—	1
Erysipelas	29	—	—	—	—	—	—	1	—	4	1	17	6	19	1	—	—	—	—	—	—	—	—	—	—	1	—
Scarlet Fever	111	—	5	6	11	12	46	17	2	8	4	—	—	99	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever	4	—	—	—	—	—	1	—	2	—	1	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—
Relapsing Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Continued Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
†Puerperal Fever	2	—	—	—	—	—	—	—	—	1	1	—	—	2	2	—	—	—	—	—	—	—	—	2	—	—	—
Puerperal Pyrexia	11	—	—	—	—	—	—	—	—	11	—	—	—	10	—	—	—	—	—	—	—	—	—	—	—	—	—
*Cerebrospinal Meningitis	1	—	—	—	—	—	—	—	—	—	—	1	—	1	1	1	—	—	—	—	—	—	—	—	—	—	—
Acute Anterior Poliomyelitis	2	—	1	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	8	8	—	—	—	—	—	—	—	—	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—
Primary Pneumonia	55	4	2	1	1	—	—	3	2	12	6	15	9	37	39	6	2	—	—	—	—	1	1	4	8	11	6
**Influenzal Pneumonia	5	—	—	—	—	—	—	—	1	2	—	—	2	2	5	—	—	—	—	—	—	1	—	1	—	—	3
Dysentery	12	—	—	—	—	—	—	1	—	5	1	4	1	12	—	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary Tuberculosis	35	—	—	—	—	—	2	—	3	16	7	7	—	‡13	31	—	—	—	—	—	—	—	1	15	7	7	1
Nonpulmonary Tuberculosis	13	—	—	1	—	—	3	1	4	4	—	—	—	‡5	6	—	—	1	—	—	—	—	1	3	1	—	—
Measles	89	18	12	8	27	24	—	—	—	—	—	—	—	5	1	1	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	85	11	19	14	20	21	—	—	—	—	—	—	—	1	5	4	—	—	—	—	1	—	—	—	—	—	—
Acute Polioencephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pemphigus Neonatorum	1	1	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—	—	—	—	—	—	—	—	—	—	—

(*) Cerebrospinal Meningitis: The notified case recovered. The death was that of a Wakefield resident who died outside the City.

(**) Deaths from Influenzal Pneumonia are allocated to Influenza, which is not a notifiable disease.

(†) One of the notified cases recovered. One of the deaths (following abortion) was not notified.

(‡) These numbers refer only to cases notified during 1935.

Diphtheria.

211 cases of Diphtheria were notified (95 males and 116 females), giving an attack rate of 3.51 per 1,000 of the population, as compared with 5.11 in 1934, and 2.27 the average for the ten years 1925-34. There were 97 less cases notified than in 1934.

The cases occurred in the Wards as follows:—

North Westgate	50	Northgate	14	South Westgate	3
Alverthorpe	33	Primrose Hill	13	Clayton Hospital	3
Eastmoor	29	Calder	12	County Hospital	1
Belle Vue	21	Kirkgate	11		
Sandal	16	St. John's	5		

The number of cases notified monthly were as follows:—

January	55	1st Quarter: 103	July	9	3rd Quarter:
February	30		August	7	
March	18		September	14	
April	8	2nd Quarter: 38	October	5	4th Quarter: 40
May	12		November	17	
June	18		December	18	

The number of cases in the various age periods were as follows:—

Under 1 year	1	10—15 years	53
1—2 years	6	15—20 „	14
2—3 „	12	20—35 „	8
3—4 „	16	35—45 „	4
4—5 „	18	45—65 „	1
5—10 „	77	65 years and over	1

205 cases (97 per cent.) were removed to the City Hospital. 6 cases were isolated at home.

There were 11 deaths (5 males and 6 females), giving a case mortality of 5.2 per cent., and a death rate of 0.19 per 1,000 of the population, as compared with 0.45 in 1934, and 0.20 the average for the ten years 1925-34. The corresponding rate in England and Wales in 1935 was 0.08, and in the Large Towns 0.09.

The deaths occurred in the following age groups:—

0—1 year	1	5—10 years	4
2—3 years	3	10—15 years	1
4—5 years	1	65 years and over	1

Diphtheria and Home Conditions.

Of the 145 ordinary dwellings affected, 17 had less than one person per room, 114 had from one to two persons per room, and 14 had more than two persons per room. 9.6 per cent. of the houses were overcrowded according to the standard of the Registrar-General.

Home Contacts	Under 14 years of age—218 (Susceptibles—202).
	Over 14 years of age—397 (Susceptibles—378).

Amongst the 202 susceptible contacts under 14 years of age, there occurred 5 return cases and 19 secondary cases. Amongst the 378 susceptible contacts over 14 years of age, there occurred one return case and three secondary cases.

Houses with Second Cases	Under 1 person per room	—
	1—2 persons per room	11
	More than 2 persons per room ...	3

Houses with Return Cases	Under 1 person per room	1
	1—2 persons per room	5
	More than 2 persons per room ...	—

Scarlet Fever.

111 cases of Scarlet Fever were notified (53 males and 58 females), giving an attack rate of 1.95 per 1,000 of the population, as compared with 5.66 in 1934 and 3.70 the average for the ten years 1925-34. There were 230 less cases notified than in 1934.

The cases occurred in the Wards as follows:—

North Westgate	56	Northgate ...	6	Belle Vue	3
Alverthorpe ...	11	Sandal	6	Primrose Hill ...	2
Eastmoor ...	9	Kirkgate ...	5	Calder	2
St. John's ...	6	South Westgate	4	Municipal Hospital	1

The number of cases notified monthly were as follows:—

January	19	1st Quarter: 41	April	4	2nd Quarter: 12
February	14		May	6	
March	8		June	2	
July	4	3rd Quarter: 19	October	14	4th Quarter: 39
August	5		November	13	
September	10		December	12	

The number of cases in the various age periods were as follows:—

0—1 year ...	—	Under 5 years—34	5—10 years ...	46
1—2 years ...	5		10—15 ,, ...	17
2—3 ,, —	6		15—20 ,, ...	2
3—4 ,, ...	11		20—35 ,, ...	8
4—5 ,, ...	12		35—45 ,, ...	4
			45—65 ,, ...	—
			65 and over ...	—

99 cases (89 per cent.) were removed to Hospital and 12 were isolated at home. There were no deaths. In 1934, there were 3 deaths, giving a case mortality of 0.88 per cent., and a death rate of 0.05. The average death rate for the ten years 1925-34 was 0.04. The corresponding rate for England and Wales in 1935 was 0.01, and in the Large Towns 0.01.

There were 6 return cases, relating to 3 hospital cases (2.9 per cent. of discharges) discharged from hospital. There were also 8 secondary cases.

Scarlet Fever and Home Conditions.

Of the 92 ordinary dwellings affected, 23 had less than one person per room, 59 had between one and two persons per room, and 10 had more than two persons per room. 10.9 per cent. of the houses were overcrowded according to the standard of the Registrar-General.

Home Contacts	Under 14 years of age—151 (Susceptibles—135)
	Over 14 years of age—251 (Susceptibles—212)

Amongst the 135 susceptible contacts under 14 years of age, there occurred 5 return cases and 7 secondary cases. Amongst the 212 susceptible contacts over 14 years of age, there occurred one return case and one secondary case.

Houses with Second Cases	Under 1 person per room ...	—
	1—2 persons per room	7
	More than 2 persons per room	—
Houses with Return Cases	Under 1 person per room ...	—
	1—2 persons per room	2
	More than 2 persons per room	1

Enteric Fever.

During 1935, 4 cases of Enteric Fever were notified, giving an attack rate of 0.07 per 1,000 of the population, as compared with nil in 1934, and 0.12 the average for the ten years 1925-34. All the patients recovered.

The following are the particulars of the cases:—

Date.	Sex.	Age.	Locality.	Where Isolated.	Bacteriological Report.
April	M	18	Thornes Road	Municipal Hospital	B. Paratyphosus B.
July	M	5	Westgate	do.	B. Typhosus. B. Paratyphosus B.
Dec.	F	16	Batley Road	do.	B. Paratyphosus B.
Dec.	F	45	do.	do.	do.

Pneumonia.

60 cases of Pneumonia (55 Primary and 5 Influenzal) were notified, 18 in the first quarter of the year, 20 in the second quarter, 9 in the third quarter, and 13 in the fourth quarter.

Of the notified cases, 22 died (including 2 non-residents). There were 21 resident deaths from Pneumonia where the illness had not been notified.

Dysentery.

12 cases of Dysentery were notified, all being patients in the West Riding Mental Hospital.

Measles.

89 cases of Measles (all children under 5 years of age and all first cases in the household within a period of two months) were notified, as compared with 306 in 1934 and 342 in 1933. 13 cases were notified in the first quarter of the year, 13 in the second quarter, 9 in the third quarter, and 54 in the fourth quarter.

In addition, 7 children under 5 years and 21 over 5 years were notified through the schools and 92 (28 under 5 years and 64 over 5 years) were ascertained otherwise.

There was 1 death from Measles, giving a death rate of 0.02 per 1,000 of the population, as compared with 0.03 in 1934 and 0.10 the average for the ten years 1925-34. The immediate cause of death was Broncho-pneumonia.

Whooping Cough.

85 cases of Whooping Cough (all children under 5 years of age and all first cases in the household within a period of two months) were notified, as compared with 27 in 1934. 14 cases were notified in the first quarter, 15 in the second quarter, 41 in the third, and 15 in the fourth quarter.

In addition, 54 cases (19 under 5 years and 35 over 5 years) were notified through the schools and 131 (70 under 5 years and 61 over 5 years) were ascertained otherwise.

There were 5 deaths from Whooping Cough, giving a death rate of 0.09 per 1,000 of the population, as compared with nil in 1934 and 0.07 the average for the ten years 1925-34.

Other Infectious Diseases.

Two cases of Acute Anterior Poliomyelitis were notified and one case was admitted to the Municipal Hospital.

One case of Cerebro-spinal Meningitis was notified, the disease being confirmed bacteriologically. The patient, a woman aged 48 years, was not a resident of Wakefield, but was removed from the Clayton Hospital to the Municipal Hospital. She was discharged as recovered after six weeks in the Municipal Hospital.

In addition to the above, a Wakefield resident died from Cerebro-spinal Meningitis outside the City.

MUNICIPAL HOSPITAL FOR INFECTIOUS DISEASES, SNAPETHORPE.

Statistics for the 52 weeks commencing 31st December, 1934, and ending 28th December, 1935.

DISEASE.	No. of cases in Hospital 31.12.34.	No. of cases admitted, 1935.	No. of cases under treatment, 1935.	No. of cases discharged, 1935.	No. of deaths, 1935.	Case Mortality per cent. (excluding cases where the diagnosis was revised).	No. of cases remaining, 28.12.35.
Scarlet Fever	19	99	118	102	—	—	16
Diphtheria	62	205	267	238	10	4.65	19
Diphtheria Carriers ...	—	2	2	2	—	—	—
Enteric Fever (including Paratyphoid Fever	—	4	4	2	—	—	2
Cerebrospinal Fever	—	1	1	1	—	—	—
Measles and German Measles	—	5	5	4	—	—	1
Whooping Cough ...	—	1	1	—	1	100	—
Erysipelas	—	4	4	2	—	—	2
Pneumonia	—	17	17	14	1	8.33	2
Puerperal Pyrexia (and other Puerperal conditions, not Puerperal Fever)	—	10	10	9	—	—	1
Ophthalmia Neonatorum ...	—	3	3	3	—	—	—
Pemphigus Neonatorum ...	—	1	1	—	1	100	—
Pulmonary Tuberculosis ...	—	24	24	13	6	25.0	5
Observation re Pulmonary Tuberculosis ...	—	5	5	5	—	—	—
Other Observation Cases	—	7	7	5	1*	—	1
Undulant Fever ...	—	1	1	1	—	—	—
Acute Anterior Poliomyelitis ...	—	1	1	1	—	—	—
Septic Meningitis ...	—	1	1	—	1	100	—
Total	81	391	472	402	21	4.4	49

*From Tonsillitis.

The numbers of admissions was 135 less than in 1934. The largest number of patients in Hospital on one day was 88 (January 23rd) and the smallest 20 (May 21st-22nd), whilst the average throughout the year was 42.

Scarlet Fever.

The maximum daily number of patients was 23 (January 13th), the minimum 1 (August 12th-13th), and the average 11. Excluding cases where the diagnosis was revised, the maximum period of stay was 116 days, the minimum 12 days, and the average 38 days. One patient was admitted on the 1st day of disease, 49 on the second, 21 on the third, 13 on the fourth, 4 on the fifth, 2 on the sixth, 1 on the eighth, 2 on the ninth, 1 on the twelfth, 1 on the fourteenth, 1 on the twenty-third, and in one case the duration of disease was indefinite. In two cases, the diagnosis was revised.

Complications occurred as follows:—

	ON ADMISSION		AFTER ADMISSION	
	Number	Percentage of admissions.	Number	Percentage of admissions.
Adenitis	5	5.15	12	12.37
Rhinitis	2	2.06	8	8.24
Otorrhoea	—	—	6	6.18
Acute Nephritis ...	1	1.03	9	9.27
Rheumatism ...	2	2.06	5	5.15
Diphtheria	1	1.03	—	—
Whooping Cough ...	1	1.03	1	1.03
Dermatitis	3	3.09	—	—

Deaths.

There were no deaths from Scarlet Fever during 1935.

Diphtheria.

The maximum daily number of cases was 67 (January 23rd and 27th), the minimum 6 (May 20th, 22nd, August 22nd and 25th), and the average 21. Excluding fatal cases and cases where the diagnosis was revised, the maximum period of stay was 148 days, the minimum 20 days, and the average 40. One case was admitted on the 1st day of disease, 65 on the 2nd, 71 on the 3rd, 44 on the 4th, 12 on the 5th, 6 on the 6th, 4 on the 7th, 4 on the 8th, 2 on the 9th, and 1 on the 11th day of disease. In 33 cases, the diagnosis was revised, and the figures which follow (except as regards antitoxin) refer to confirmed cases only.

Complications occurred as follows:—

	ON ADMISSION		AFTER ADMISSION	
	Number	Percentage of admissions.	Number	Percentage of admissions.
Adenitis	50	23.3	6	2.85
Rhinitis	12	5.7	2	0.95
Otorrhoea	2	0.95	2	0.95
Albuminuria ...	22	10.47	16	7.6
Paralysis	—	—	36	16.6
Heart Complications	5	2.38	28	12.85
Toxic Vomiting ...	11	5.23	2	0.95
Serum Rash ...	—	—	6	2.85

The total amount of antitoxin given was 3,363,000 units, the maximum dose being 80,000 units, the minimum 1,000 units, and the average 14,000 units.

Relation of Deaths and Recoveries to the Duration of Illness prior to Admission to Hospital.

Day of Disease	1	2	3	4	5	6	7	8	9	10	11
Admitted	1	65	71	45	14	7	5	4	2	—	1
Recovered ...	1	63	68	41	14	6	5	4	2	—	1
Died	—	2	3	4	—	1	—	—	—	—	—
Mortality Percentage	—	3.07	4.28	8.8	—	14.28	—	—	—	—	—

Remarks.

The experience of our first complete year in the new Hospital proved, if any proof was necessary, how very essential the provision of that Hospital was. Although the demand on the hospital accommodation was at times considerable, we were able to meet it in a way that we could not possibly have done at the old Hospital.

The Tuberculosis Block was opened on 27th March, 1935, when all the Wakefield cases of pulmonary tuberculosis in the County Hospital were transferred, except one who was too ill to move. This block is proving itself a very valuable addition to our provision for tuberculosis patients.

Improvements were carried out in the grounds during the year, and a greenhouse and potting shed were built. The Hospital was approved by the General Nursing Council of England and Wales as a training hospital in fever nursing.

I should like once again to express my high appreciation of the devoted services rendered by the Matron (Miss Peck), the nurses, and the other members of the staff throughout the year.

Remarks on Infectious Diseases.

Diphtheria was the most prevalent infectious disease in 1935, although both in prevalence and mortality it was substantially less severe than in 1934. The disease has now been epidemic for five consecutive years, the longest and severest epidemic period for Diphtheria in our records. Cases occurred all over the City, but more than half the total cases occurred in North Westgate, Alverthorpe, and Eastmoor Wards. The lowest incidence was in St. John's and South Westgate Wards. The disease was most prevalent in the first quarter of the year, during which nearly half the total cases occurred. The declension during the remainder of the year leads us to hope that the epidemic is coming to an end. At age periods, the highest incidence was, as usual, between 5 and 10 years (37 per cent.), whilst 25 per cent. were under 5 years, 25 per cent. between 10 and 15 years, and 13 per cent. over 15 years. One case occurred during the first year of life, and one over 65 years. 135 of the cases (64 per cent.) were school children. Alverthorpe Church School had the highest number of cases (16 spread over 7 months), and Snapethorpe Junior School came next (9 cases spread over six months). Only three elementary school departments escaped altogether. 97 per cent. of the patients were removed to Hospital.

There were 11 deaths, as compared with 26 in 1934, and the case mortality was 5.2 per cent., as compared with 8.4 per cent. in 1934 and 10 per cent. in 1933. On the whole, the disease was less severe in type than it was in the preceding part of the epidemic, but there was a fair number of malignant cases, infected with the gravis variety of the Diphtheria bacillus.

We continued to receive the greatest possible assistance from medical practitioners, who did all they could to ensure early notification, and as this was invariably done by telephone, we were able to remove the patients immediately to hospital, even if they were notified during the night, as a good many were. The doctors also adopted the wise course of sending cases to hospital, even when the diagnosis was doubtful. As I have pointed out before, such a course is generally in the best interest of the patient, who can secure immediate treatment and nursing, and even when the case proves to be non-diphtheritic, the patient, by receiving antitoxin on admission is protected against infection whilst in hospital.

The epidemic of Scarlet Fever, which, like that of Diphtheria, started in 1931, abated considerably during 1935, when the number of cases notified was less than a third of the number notified in 1934. The disease was also milder in type and no fatal cases occurred. Cases occurred all over the City, but the prevalence was highest in North Westgate Ward, where half of the total cases occurred, and lowest in Belle Vue and Calder Wards, with only 2 cases each. The disease was most prevalent in the first and fourth quarters of the year, and least prevalent in the second quarter. At age periods, the highest incidence was between 5 and 10 years (41 per cent.), whilst 30 per cent. were under 5 years, 16 per cent. between 10 and 15 years, and 13 per cent. over 15 years. 63 per cent. of the cases were school children, but the highest number in any school department (Snapethorpe Junior) was only 7, whilst 14 elementary school departments escaped altogether. 89 per cent. of the cases were removed to hospital.

The epidemic of Measles which had occurred in 1933 and 1934, was carried over on a smaller scale into 1935, and there was only one death from the disease.

Whooping Cough was more prevalent in 1935 than in 1934, and caused 5 deaths.

The prevalence of Enteric Fever continued low. Two sporadic cases occurred, one in April and one in July, whilst in December, two cases in one family occurred, followed by a third case in January, 1936. All were removed to hospital.

The City has been free from Cerebro-spinal Fever during the year, although one case was notified from the Clayton Hospital, where the patient had been admitted from outside the City suffering from the disease. There was also a death from the disease, but here again the patient, although a Wakefield resident, died outside the City, where he had contracted the disease.

The prevalence of Pneumonia, so far as one can judge from notifications, which are still far from complete, was about the same as in 1934, and the mortality was slightly higher.

One case of Undulant Fever was reported during the year, but the patient, a young man, had been infected abroad. He returned to Wakefield after a three months' residence in Vienna, already suffering from the disease, which at first was suspected to be Enteric Fever. Dr. Sutherland, however, was able by serological tests to diagnose the true nature of the malady. The patient's blood was found to be negative to the enteric group of micro-organisms, but positive to both Brucella Abortus and Brucella Melitensis. The source of the infection could hardly under the circumstances be traced, but it is significant that the patient was a butcher, engaged in the handling of animal carcases. He, however, did not come much into contact with living animals, and he stated that he only consumed milk in tea and coffee. He had visited Malta on his way out to Vienna, but the interval of nearly three months between this visit and the onset of the illness would seem to discount its significance. The illness lasted over a period of 22 weeks, but eventually he made a complete recovery. The whole illness consisted of irregular periods of remittent pyrexia, varying in duration from a week to four weeks, with intervening rest periods varying from three days up to thirteen days. The constitutional symptoms were slight, and consisted of myalgic pains in the limbs, and headache at the height of the temperature. Even when the temperature was high, the pulse rate rarely exceeded 80. His general condition continued satisfactory, and he was able to enjoy a fairly liberal diet throughout the illness. The only marked physical sign was the enlargement of the spleen, which became palpable during the illness, but returned to little more than its normal size within a few weeks of the last bout of fever. During the first 14 weeks of the illness, no treatment was attempted. The disease is one of uncertain duration, and with each period of apyrexia, we hoped for a natural termination of the illness. After a succession of disappointments, it seemed worth while to try some form of experimental treatment, and in the absence of any specific remedy, it was decided to try the effect of intravenous doses of novoarsenobenzol. This drug was administered by 11 injections, with a dosage varying from 0.3 to 0.6 grams, over the last eight weeks of the illness. We then had the satisfaction of seeing the illness come to an end, but it still remains uncertain whether the cure was due to the drug or to the natural exhaustion of the infection. I am much indebted to Sir Weldon Dalrymple-Champneys, of the Ministry of Health, for valuable advice with regard to treatment, and to Dr. Edward, who kindly carried out the treatment at the Municipal Hospital.

ACTIVE IMMUNISATION AGAINST DIPHTHERIA.

By Dr. Frank Allardice.

There were 95 sessions at the Principal Child Welfare Centre during the year. For the first seven weeks of 1935, it was necessary to provide six sessions weekly, owing to the large number awaiting immunisation at the end of the previous year. In actual figures, 846 requests for immunisation remained to be dealt with at the end of 1934. The number of sessions per week rapidly fell, passing through short periods during which four, and later three, sessions were held, until in April and thereafter one weekly clinic met the demand. There was no waiting list at the end of 1935.

The total number of persons who attended the Immunisation Clinic during 1935 was 2,955, 2,080 attending for preliminary Schick-testing, followed where necessary by immunising injections, and 875 for post-immunisation Schick-testing. The number of attendances registered was 6,873.

The number of completed treatments was 1,431, of which 1,007 were entirely carried out in 1935 and 424 had been begun in 1934. 21 persons were in process of being immunised at the end of the year. Failures to complete the treatment after attending once or twice totalled 180, 173 of whom had commenced treatment in 1935, and the remaining 7 had first attended at the end of 1934.

The 2,080 persons who commenced or completed immunisation treatment were divisible into the following age groups:—

(1)	Under 5 years	578
(2)	Between 5 and 14 years ...	1,354
(3)	Over 14 years	148
	Total	2,080

The number of preliminary Schick-tests was 1,033, 62 having had the test applied at the end of December, 1934, and the result read in 1935. Of the total number, there were 726 positive reactions and 307 negative, giving percentages which were respectively 70.28 and 29.72. The corresponding figures for 1934 were 66.73 and 33.27, and those for 1933 were 68.3 and 31.7.

The following details are of interest in connection with the results of the preliminary Schick test:—

(1) 40 *negative* responses after previous Diphtheria.
(2) 32 *positive* responses after previous Diphtheria.
(3) 49 *negative* responses after previous Scarlet Fever.
(4) 105 *positive* responses after previous Scarlet Fever.

Re-testing for susceptibility to Diphtheria was carried out in 875 persons who had had the full complement of immunising injections. Of that number, 108 failed to attend for the reading of the result of the test. The remaining 767 comprised 743 first re-tests, 23 second, and 1 third. Second and third re-tests were necessary after further prophylactic treatment in those cases failing to acquire a satisfactory degree of immunity following the usual course of injections.

Of the 743 first re-tests, 718 gave negative reactions and 25 were still Schick-positive, the corresponding percentages being 96.63 and 3.37. In the previous year, the percentage of Schick-negatives after the ordinary course of injections was 94.36, while in 1933 it reached only 88.74 per cent. Such a high percentage of successfully immunised persons found after the usual three injections might suggest that Schick re-testing could be discarded without serious effect. It has to be remembered, however, that the small number still remaining susceptible to diphtheria after immunisation is made up of those who were either originally most susceptible to the disease or likely to react unsatisfactorily if they become infected. These should definitely be known, with a view to making further effort to render them immune, and also, so that the state of non-immunity is known if they become notifiable as cases of diphtheria. Otherwise, the whole procedure of immunisation is in danger of coming into disrepute. A second re-test was carried out in 23 instances, after further injection treatment consequent on a positive reaction to the first re-test. Nineteen of these were now found to be Schick-negative. Of the remaining four, only one was again re-tested before the end of the year and was Schick-negative.

During 1935, 48 notifications of diphtheria were made in respect of patients who had attended the Immunisation Clinic. Three of these referred to throat conditions occurring in persons who had been found to be Schick-negative at the preliminary test. Two of the three proved to be non-diphtheritic; the third was a very mild case of the disease. Two had been tested quite recently, prior to the onset of symptoms, whilst the third, one of the two in whom the diagnosis of diphtheria was not upheld, had been found to be Schick-negative fully two years previously.

The only other instances in which it might correctly be said that there had been notification of diphtheria occurring in immunised persons were ten in number. Each of the ten had completed the course of immunisation and had been found to be Schick-negative on re-test. Seven of the ten proved to be non-diphtheritic, and the other three were regarded as being mild cases of the disease. None showed any evidence of toxæmia and were entirely uncomplicated. Of the three, one had been re-tested six months previously; a second had the re-test carried out two days before the onset of symptoms, and it is interesting that the result of the test was a negative one, although there was a limited membranous exudate on both tonsils and a positive swab report. The third case was of unusual interest in that having been previously rendered Schick-negative by immunisation probably prevented a very serious, if not actually fatal, attack of diphtheria. The case, a boy of eight years, was admitted on 25th May, suffering from a very mild attack of diphtheria, in which there was no toxæmia. No complications developed. He had been first Schick-tested on 8th December, 1933, when he was violently positive. He received the usual immunising injections, and on re-testing on 28th September, 1934, he still gave a positive reaction. Further treatment, followed by another re-test on 4th January, 1935, still failed to give a negative reaction to the Schick-test, and it was not until three weeks before the actual onset of symptoms that the test applied gave a satisfactory result. The case was one of those infrequent instances of failure to react to the toxin of diphtheria, a condition which allows invading organisms almost unrestricted freedom in carrying on their morbid processes in the body.

Of the 35 remaining notifications of diphtheria, ten had received the full complement of injections six months or more before the onset of symptoms, but had not attended to be re-tested for susceptibility although invited to do so. Of the ten, five were not cases of diphtheria and five had mild attacks. One of the five cases of mild diphtheria was said to have been immunised in another town. The remaining four had been "immunised" at periods varying from thirteen to thirty-seven months before the onset of the disease.

Fourteen of the thirty-five cases in whom the state of immunity was unknown at the time of the commencement of symptoms had had complete courses of immunising injections less than six months before notification as instances of diphtheria. They were therefore not even presumably immune, because of the too short time interval. Four proud to be non-diphtheritic; six had mild attacks; two were of moderate severity and two were severe.

One of the severe cases recovered and one died. The two moderately severe cases showed a time interval of 12 days and 21 days respectively between the dates of the last immunising injection and the beginning of the disease, so that neither could be said to be in any sense immunised, apart from having received into the tissues the substances which would probably produce immunity eventually. The two severe cases were brothers, suggesting, as has been noted in a previous report, the existence of family levels of susceptibility, as well as individual idiosyncrasies. Both were small children aged 4 years and 5 years respectively, and in one case—the one which recovered—only five weeks had elapsed between the time of the last immunising injection and the onset of diphtheria, while in the fatal instance, the interval was but three weeks. The fact that one died is to be deplored, but neither was immunised in the strict sense, and it may be that the five weeks interval in the case of the child that recovered had something to do with turning the scale in his favour.

The last group of diphtheria notifications with which we have to deal is that comprising those persons who did not complete the immunisation treatment. There were 11 in all, 3 of which turned out to be non-diphtheric. Three were cases of mild diphtheria; two were of moderate severity, and three, including, as in the previous category of severe cases, two members of one family, were severe. Two of the severe cases recovered and one died.

It is evident from the above discussion that no severe or even moderately severe case of diphtheria occurred in any patient known to have been Schick-negative before the onset of illness. No deaths occurred amongst those who could be assessed as presumably immune, that is, known immunes plus those who completed the course of immunising injections six months or more before having symptoms suggesting diphtheria. The majority of cases notified as diphtheria occurring amongst presumably immune persons proved to be non-diphtheritic, viz., 14 out of 23. All the severe cases occurred in fairly young children, and in no case could there be said to be any degree of definite immunity, having regard either to the time interval in the case of those who received three immunising injections, or to the incomplete nature of the prophylactic treatment in the remainder.

The consideration of the after-history of children brought into contact with the germ of diphtheria is an illuminating one, when viewed in the light of their state of immunity at the time of their exposure to infection. All of the 48 cases dealt with had undoubtedly been invaded by diphtheria bacilli, probably of varying virulence it is true, and they were required to deal with this invasion of their throats, for every one had a positive swab either on notification or on admission to hospital.

The treatise on how they dealt with the invaders is an apologetic on the value of immunisation. Nothing can shake the writer's confidence in this form of treatment, skilfully carried out as it has been by a medical officer in this department and carefully controlled, so far as those undergoing treatment were sufficiently interested to ascertain their state of immunity after completing the injections. Death from diphtheria is preventable and it is foolish to contend otherwise. If parents wish, they can procure for their own peace of mind and for the comfort and freedom from suffering of their children, an insurance policy against death from this dread disease by taking advantage of the Immunisation Clinic. It is almost human nature to wait until occasion demands our action, but so far as diphtheria is concerned, that time is often too late. Once diphtheria has claimed its victim, no amount of nursing, no amount of antitoxin in certain cases, can alter the issue. We have to stand impotently by, watching the tragedy, doubly agonised by the fact that we know such a catastrophe should never have been possible.

Patients Notified as Suffering from Diphtheria who had been immunised, partially immunised, or Schick-tested prior to onset of symptoms of Diphtheria.

	Total No of Cases Notified	Not Diphtheria	Mild Attack	Moderate Attack	Severe Attack	
					Recovered	Died
1. Cases who had been Schick-tested with negative result, without course of immunising injections, prior to onset of symptoms	3	2	1	—	—	—
2. Cases who received full course of injections and were re-tested with negative result before onset of symptoms	10	7	3	—	—	—
3. Cases who received full course of injections 6 months or more before onset of symptoms, but who were not re-tested ...	10	5	5	—	—	—
4. Cases who received full course of injections less than 6 months before onset of symptoms (no re-test)	14	4	6	2	1	1
5. Cases who did not complete the course of injections	11	3	3	2	2	1
Totals	48	21	18	4	3	2

Disinfection.

During 1935, the following disinfection work was carried out:—

No of Houses disinfected	467	No. of Mattresses disinfected	812
,, Rooms ,,	669	,, Blankets ,,	1167
,, Schools ,,	5	,, Sheets ,,	621
,, Classrooms ,,	23	,, Counterpanes ,,	470
,, Times Steam Disinfector used	680	,, Pillows and Bolsters ,,	1215

No. of Curtains disinfected	760
,, Carpets ,,	445
,, Rugs ,,	290
,, Pairs Boots ,,	582
,, Articles of Men's Clothing ,,	264
No. of Articles of Women's Clothing disinfected	416
,, Articles of Children's Clothing ,,	1235
,, Miscellaneous Articles ,,	849

Pathological and Bacteriological Examinations.

Swabs for B. Diphtheria	994
,, ,, ,, (Virulence)	15
Sputum for B Tuberculosis	238
,, ,, ,, (Inoculated)	10
Pus and Fluids for B. Tuberculosis and other organisms	16
,, (Inoculated)	12
Urine for B. Tuberculosis and other organisms...	124
,, (Inoculated)	51
Fluid for Cerebro-Spinal Fever	15
,, (Inoculated)	3
Blood } Undulant Fever	11
Urine }	1
Fæces for B. Dysenteriæ	1
Blood } Enteric Fever	19
Fæces and Urine }	25
Swabs, etc., for Organisms	32
Milk for Bacterial Content	54
Milk for Tuberculosis (Inoculated) ...	55
Hairs for Ringworm Parasites	5
Miscellaneous	367
Examinations in connection with Venereal Diseases:—	
For detection of Gonococci	41
,, Wassermann Reaction	419
Gonorrhœa Complement Fixation Test ...	83

VACCINATION.

The administration of the Vaccination Acts was taken over by the Corporation (under the Local Government Act, 1929) from the 1st April, 1930. Mr. W. V. Morris (Chief Clerk in the Public Health Department) acts as Vaccination Officer for the City.

The following Statistics relate to the years 1934 and 1935:—

Year 1934.						Year 1935.	
Number of Births.	Successfully Vaccinated.	Vaccination postponed, or certified as insusceptible of Vaccination.	Died Unvaccinated.	Removed to other districts or places unknown, &c.	Number of declarations of "conscientious objection."	Certificates of successful primary Vaccination of Children under 14 received during the year.	Declarations of "conscientious objection" received during the year.
993	338	8	45	68	534	373	543

Excluding deaths and removals, 38.4 per cent. of the children were vaccinated.

As the above figures show, nearly 54 per cent. of the parents made statutory declarations of "Conscientious Objection" to Vaccination.

The Public Vaccinators for the City are as under:—

No. 1 District (the whole of Wakefield, except the Municipal Wards of Belle Vue, Portobello and Sandal).	Dr. J. B. Lyle, Grove House, Kirkgate, and "Broxbourne," Barnsley Road.
No. 2 District (the Municipal Wards of Belle Vue, Portobello and Sandal).	Dr. D. Downie, "Maybush," Agbrigg Road, Belle Vue.
County Poor Law Institution, Park Lodge Lane.	Dr. J. W. Thomson, "The Grove," College Grove Road.

TUBERCULOSIS.

During 1935, 36 cases of Pulmonary Tuberculosis (19 males and 17 females) and 14 cases of Non-pulmonary Tuberculosis (9 males and 5 females) were notified, but one case (female) of pulmonary and one case (female) of non-pulmonary disease were subsequently cancelled. These numbers include cases notified after death and transfers from other areas. In 1934, the corresponding numbers were 47 and 12. There were 3 cases of Pulmonary

Tuberculosis and 2 cases of Non-pulmonary Tuberculosis where the disease was not notified prior to death. With regard to the 3 cases of pulmonary disease who died un-notified, in two cases the disease was found by post-mortem examination, and in the third case the doctor in attendance had sent the patient into hospital undiagnosed and did not see her again until the day before death. With regard to the 2 cases of non-pulmonary disease who died un-notified, in one case, the disease was discovered during an operation from which the patient did not recover, and the other case was a Wakefield patient in an institution for mental defectives outside the City who had not lived within the City for many years.

Of the 35 definite pulmonary cases, 9 died before the end of the year. Of the 13 definite cases of non-pulmonary disease, 5 died before the end of the year.

The 13 definite cases of non-pulmonary disease comprised disease of :—Bones and joints 5, glands 1, abdomen 3, meninges 2, skin 2.

New Cases and Mortality, 1935.

(Cancelled Cases excluded).

AGE PERIOD.	NEW CASES.				DEATHS.			
	Pulmonary.		Non-pulmonary		Pulmonary.		Non-pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1 year ...	—	—	—	—	—	—	—	—
1—5 years ...	—	—	1	—	—	—	1	—
5—10 ,, ...	—	2	2	1	—	—	—	—
10—15 ,, ...	—	—	1	—	—	—	—	—
15—20 ,, ...	2	1	1	3	1	—	—	1
20—25 ,, ...	5	4	—	—	2	2	1	—
25—35 ,, ...	3	4	4	—	4	7	2	—
35—45 ,, ...	3	4	—	—	5	2	1	—
45—55 ,, ...	4	—	—	—	5	—	—	—
55—65 ,, ...	2	1	—	—	1	1	—	—
65 years and over	—	—	—	—	1	—	—	—
Totals ...	19	16	9	4	19	12	5	1

Of the 31 persons who died from Pulmonary Tuberculosis, 13 (42 per cent.) had previously received sanatorium treatment, and the condition of these on admission to the Sanatorium was as follows:—

Stadium I., Minus T.B.	6	Stadium II., Plus T.B.	1
Stadium I., Plus T.B.	5	Stadium III., Minus T.B.	—
Stadium II., Minus T.B.	—	Stadium III., Plus T.B.	1

The following periods intervened between the date of notification and the date of death in the pulmonary cases:—

Under 1 month	—	12—18 months	4
1—3 months	6	18—24 ,, ...	1
3—6 ,, ...	3	Over 24 ,, ...	14
6—12 ,, ...	—	Not notified	3

The above table shows that 29 per cent. of the deaths occurred within a year of notification, whilst 10 per cent. had not been notified at all.

The deaths from Non-pulmonary Tuberculosis comprised disease of:—Bones and joints 2, Meninges 2, abdomen 1, and glands 1.

Pulmonary Tuberculosis.

Cases left on the Register on 31st December, 1935:—

Year Notified.	TOTAL.	Males.	Females.	AGE WHEN NOTIFIED.			
				0—15 years.	15—25 years.	25—45 years.	Over 45 years.
1919	1	—	1	—	—	1	—
1924	1	1	—	—	—	1	—
1926	1	1	—	—	—	—	1
1927	1	—	1	—	—	1	—
1928	3	1	2	—	2	1	—
1929	2	1	1	—	—	1	1
1930	6	5	1	—	3	2	1
1931	8	4	4	1	—	5	2
1932	10	9	1	—	4	6	—
1933	8	5	3	1	3	2	2
1934	21	13	8	—	7	11	3
1935	22	13	9	2	11	6	3
Totals ...	84	53	31	4	30	37	13

Condition of the above cases on 31st December, 1935:—

Well and Working ...	24
Well, not Working ...	12
Not Well, but Working	6
Not Well, not Working	23
Very ill, Confined to House	1
In Meathop Sanatorium	7
In other Sanatoria (by private arrangement)	1
In Municipal Hospital .	5
In County Hospital (Poor Law) ...	1
In County Poor Law Institution	2
In West Riding Mental Hospital	2
Total ...	84

Non-pulmonary Tuberculosis.

Cases left on the Register on 31st December, 1935:—

Year Notified.	TOTAL.	Males.	Females.	AGE WHEN NOTIFIED.			
				0—15 years.	15—25 years.	25—45 years.	Over 45 years.
1913	1	—	1	—	—	1	—
1926	1	—	1	—	—	1	—
1929	3	2	1	3	—	—	—
1930	4	—	4	2	1	1	—
1931	7	5	2	7	—	—	—
1932	4	4	—	4	—	—	—
1933	7	4	3	5	—	2	—
1934	7	3	4	5	—	2	—
1935	7	5	2	4	2	1	—
Totals ...	41	23	18	30	3	8	—

Condition of Cases, 31st December, 1935:—

Well and Working ...	25
Well, not Working ...	2
Not Well, but Working	1
Not Well, not Working	7
Very ill, confined to house	1
In Kirbymoorside Hospital	5
Total ...	41

TUBERCULOSIS DISPENSARY.

During 1935, 94 persons were referred to the Dispensary for examination, and of these, 36 (38 per cent.) were found to be tuberculous, 27 affected with pulmonary, and 9 with non-pulmonary disease.

In addition, 91 contacts were examined, and all were found to be non-tuberculous.

The following table shows that of the 27 pulmonary cases, 8 (30 per cent.) were in the early stage (Stadium I.), 10 (37 per cent.) were in the moderately advanced stage (Stadium II.), and 9 (33 per cent.) were in the more advanced stage (Stadium III.).

	Stadium I.		Stadium II.		Stadium III.	
	T.B. Minus	T.B. Plus	T.B. Minus	T.B. Plus	T.B. Minus	T.B. Plus
Males	1	3	—	7	—	2
Females	1	3	—	3	—	7
Totals	2	6	—	10	—	9

The nine Non-pulmonary cases comprised disease of:—Bones and Joints 5, Abdomen 2, other organs 2.

Of the 94 cases who attended the Dispensary, 53 were referred by general medical practitioners, 5 by school medical officers, 3 by maternity and child welfare medical officers, 4 by health visitors, 14 by the medical officers of the Clayton and County Hospitals, 8 attended voluntarily, and 7 were transfers from other dispensaries.

Cases of Tuberculosis on the Dispensary Register at the end of 1935:—

Pulmonary Cases.

Adults	Males ...	49
	Females ...	28
Children	Males ...	1
	Females ...	2
	Total ...	80

Non-pulmonary Cases.

Adults	Males ...	2
	Females ...	6
Children	Males ...	15
	Females ...	8
	Total ...	31

PULMONARY TUBERCULOSIS.—SANATORIUM TREATMENT, 1935.

Westmorland Sanatorium, Meathop, near Grange-over-Sands.

	Total.			Insured.			Non-insured.		
	Total	M.	F.	Total	M.	F.	Total	M.	F.
Remaining, end of 1934 ...	9	4	5	7	4	3	2	—	2
Admitted, 1935	14	6	8	9	6	3	5	—	5
Total Treated, 1935 ...	23	10	13	16	10	6	7	—	7
Discharged, 1935	16	7	9	11	7	4	5	—	5
Died in Sanatorium ...	—	—	—	—	—	—	—	—	—
Remaining, end of 1935 ...	7	3	4	5	3	2	2	—	2

During 1935, 23 persons received Sanatorium treatment, as compared with 25 in the previous year. Of these, 16 (70 per cent.) were insured persons.

Condition on Discharge.

During the year, 16 patients were discharged from the Sanatorium, and the condition on discharge was as follows:—

Condition on Admission.		Condition on Discharge.		
		Quiescent.	Improved.	Not Improved.
Stadium I.	T.B. –	3	1	—
	T.B. +	2	4	2
Stadium II.	T.B. –	—	—	—
	T.B. +	2	1	1
Stadium III.	T.B. –	—	—	—
	T.B. +	—	—	—
	Totals	7	6	3

Taking all classes, the immediate result of treatment in the Sanatorium was that 44 per cent. were improved to the extent of apparent quiescence of the disease, 37 per cent. were improved, but not to the same extent, and 19 per cent. were not improved.

Taking the early cases (Stadium I.) by themselves, 42 per cent. were improved to the extent of apparent quiescence of the disease, 42 per cent. were improved but not to the same extent, and 16 per cent. were not improved.

The periods of stay in the Sanatorium were as follows:—

Up to 3 months ...	5	9—12 months	2
3—6 months	3	12—15 ,, ...	1
6—9 ,, ...	5	15—18 ,, ...	—

Sanatorium Arrangements.

The Wakefield Corporation continued to use accommodation at the Westmorland Sanatorium, Meathop, near Grange-over-Sands, on the basis of 10 rented beds, with an option on more beds if required.

MUNICIPAL HOSPITAL, SNAPETHORPE.

Tuberculosis Block.

Total number of definite cases admitted for treatment (not including 3 observation cases diagnosed after admission)		21
Number of above discharged	11	
Died	6	
Remaining end of 1935	4	

Observation Cases.

Total number admitted	8
Discharged as non-tuberculous ...	5
Diagnosed tuberculous and retained ...	2
Transferred to Sanatorium	1

NON-PULMONARY TUBERCULOSIS.

Institutional Treatment.

	Total	Kirbymoorside Orthopædic Hospital.			Shropshire Orthopædic Hosp., Oswestry.		
		Total	M.	F.	Total	M.	F.
Remaining end of 1934 ...	4	3	2	1	1	1	—
Admitted, 1935	3	3	2	1	—	—	—
Discharged, 1935	1	1	1	—	—	—	—
Died, 1935	1	—	—	—	1	1	—
Remaining end of 1935 ...	5	5	3	2	—	—	—

One patient died in Shropshire Orthopædic Hospital.

One patient, a boy aged 4 years, suffering from Tuberculosis of the Hip with Hæmophilia, was discharged from the Kirbymoorside Hospital after three and a half years' treatment. On discharge, the condition was much improved and the disease quiescent.

REMARKS ON TUBERCULOSIS.

The administrative work connected with Tuberculosis was carried out on the usual lines. The circumstances of all cases notified are investigated, and continuous supervision is maintained by the Health Visitors so long as the cases remain on the Register. This Register is revised annually, and the names of all cases who have recovered, according to the rules laid down by the Ministry of Health, who have died, or who have left the City, are removed. Printed and verbal instructions as to precautions against the spread of infection are given, and every effort is made to secure compliance with these instructions. Sputum flasks and disinfectant fluid are supplied free, and disinfection of bedding, etc., is carried out as required. The services of the Tuberculosis Officer are available for purposes of diagnosis and advice regarding suitable lines of treatment, either at the Tuberculosis Dispensary or for consultation in the home. Radiological examinations are made at the Clayton Hospital. Contacts are encouraged to attend at the Dispensary for examination. Sanatorium treatment at the Westmorland Sanatorium is available for suitable pulmonary cases, and hospital treatment is likewise available for children suffering from non-pulmonary disease at the Yorkshire Children's Orthopædic Hospital at Kirbymoorside, and elsewhere, as well as locally at the Clayton and County Hospitals. The non-pulmonary group of cases can also have advice and treatment at the Orthopædic and Ultra-Violet Ray Clinics of the Corporation. Hospital accommodation for advanced and observation cases is now available at the Municipal Hospital, Snapethorpe.

It will have already been noted that some 5.7 per cent. of the samples of milk tested bacteriologically were infected with tubercle bacilli, and the importance of securing milk free from Tuberculosis as well as other infections cannot be too strongly emphasised. This involves the production of milk from Certified or Grade "A" (Tuberculin Tested) herds, or the subjection of ordinary milk to treatment by heat, namely, boiling, or better still, pasteurisation.

The Social Service Council has continued to render assistance, particularly in the provision of clothing to necessitous patients about to be admitted to the Sanatorium.

The Corporation itself has directly supplied extra nourishment to several patients, mainly for a period after their discharge from sanatorium. So far as the Health Committee is concerned, extra nourishment is only granted to necessitous patients awaiting admission to, or recently discharged from, the sanatorium, and not to chronic cases with long-standing debility.

VENEREAL DISEASES.

Treatment of Venereal Diseases at the Venereal Diseases Clinic, Clayton Hospital, Wakefield, 1935.

(*a*) Number of Wakefield persons dealt with for the first time and found to be suffering from :—

	Total.	Males.	Females.
Syphilis	14	7	7
Soft Chancre	—	—	—
Gonorrhoea	60	46	14
Conditions other than Venereal	25	17	8
Total ...	99	70	29

(*b*) Total Number of Attendances at the Out-Patient Clinic :—

	Total.	Males.	Females.
Syphilis	1075	539	536
Soft Chancre	—	—	—
Gonorrhoea	618	418	200
Conditions other than Venereal	94	66	28
Totals ...	1787	1023	764

(*c*) Number of Attendances of Wakefield Patients for irrigation and treatment (not including attendances at Clinic) :—

	Total.	Males.	Females.
	2777	2269	508

(*d*) Aggregate Number of In-patient Days of Wakefield patients—NIL.

(*e*) Number of doses of approved Arsenobenzol Compounds given to Wakefield patients—455.

LEEDS GENERAL INFIRMARY VENEREAL DISEASES CLINIC.

During 1935, 6 new patients from Wakefield applied for examination, and 5 were found to be suffering from Venereal Disease (3 males from Gonorrhœa and 1 male and 1 female from Syphilis). The total attendances were 84 (61 by males and 23 by females), as compared with 56 in 1934. The aggregate number of in-patient days was nil, and the number of doses of arsenobenzol compounds given to Wakefield patients was 16.

Pathological Examinations in Connection with Venereal Diseases, 1935.

	Total.	For the detection of Spirochaetes.	For the detection of Gonococci.	Wassermann Reaction.	Other Examinations.
County Hall Laboratory ...	543	—	124	419	—
Clayton Hospital Clinic	519	—	223	247	49
Leeds Infirmary Clinic	4	1	—	3	—
Total ...	1066	1	347	669	49

MATERNITY AND CHILD WELFARE.

By Dr. Jessie Eeles, Medical Officer for Maternity and Child Welfare.

Supervision of Midwives.

29 Midwives gave notice of their intention to practise in Wakefield during 1935. Of these, 16 were on the staff of institutions, 3 were midwives who owned private nursing homes (2 at one, and 1 at the other), 2 were Municipal District Midwives, and 8 were independent midwives in district practice. Of the 8 who were in private practice, 2 left the City during the year; 4 midwives on the staff of institutions also left the City during the year.

8 district midwives attended 313 home confinements, the number attended by the several midwives being 63, 46, 65, 40, 40, 26, 24, and 9.

The midwives in district practice were inspected every 3 months, and all of them were considered to be reliable women, and their work to be satisfactory.

During the year a uniform method of treating the eyes at birth was suggested for routine use by the midwives in private practice, namely, argyrol drops, followed by thorough irrigation with boracic lotion. Undines and eye drop bottles were supplied free of charge to the midwives on application to the Health Department, and all of them agreed to give the method a trial.

Medical Help.

90 notifications (28.7% of midwives cases) of sending for medical aid were received from midwives in respect of home confinements; 62 related to the mother, and 28 to the infant.

For Mother.

Ruptured Perineum	28
Prolonged Labour	12
Retained Placenta	4
Pyrexia	4
Post Partum Hæmorrhage	3
Antepartum Hæmorrhage	2
Albuminuria	2
Twin Labour	1
Foetal Distress	1
Threatened Whiteleg	1
Pain in Left Leg	1
"Very bad Cold"	1
Miscarriage	1
Unsatisfactory Home Conditions	1

For Infant.

Prematurity and Feebleness	5
Still-birth	5
Congenital Malformation	5
Discharging Eyes	4
Asphyxia Neonatorum	3
Feebleness	2
Convulsions	1
Melæna	1
Spots	1
Scratch of Conjunctiva	1

Maternity Homes.

The one Private Maternity Home already on the Register was visited during the year and was found to be satisfactory. A plan for extending the home to accommodate 11 patients was submitted and approved.

Another small Maternity Home with two beds, was registered during the year.

Ante-natal Clinic.

During 1935, the Ante-natal Clinic was held 3 times weekly at the Maternity Hospital in Blenheim Road until the opening of the new hospital in Manygates Park in October. After that, new patients attended at the Clinic attached to the hospital on Wednesday mornings at 10 a.m. Subsequent visits were paid either on Thursday mornings at the hospital clinic or on Friday afternoons at the Principal Child Welfare Centre in Margaret Street. The choice is left to the patient in the first instance. Patients from Lupset, Alverthorpe, and Eastmoor find the Margaret Street Clinic most convenient.

During the year, 625 expectant mothers attended—538 new cases and 87 patients who had begun to attend in 1934. 92 of these patients were from outside the City. The total number of attendances was 3,240.

100 Cases were referred to the Clinic by midwives, and 57 by private doctors. 67 of the midwives' cases were referred by the two Municipal Midwives and 37 by midwives in private practice.

A short refresher course was given in the Spring to the midwives in private practice, and at that time it was suggested that where possible each patient should be examined at least twice by a doctor, either the patients' own doctor or at the Clinic. It was advised that the first medical examination should be made as soon as possible after booking and the second at the 36th week. This has accounted for the increase in the number of patients referred by private midwives to the Clinic.

The same routine was carried out as in 1934 but the patients' weight was recorded at each visit in addition to the blood pressure being taken. Patients who failed to keep their appointments were followed-up as before.

The age groups of new cases attending the Clinic in 1935 were as follows:—

Age.	Primiparæ.	Multiparæ.
Under 20 years ...	27	1
20 to 25 years ..	94	56
25 to 30 years ..	77	95
30 to 35 years ..	28	79
35 to 40 years ...	3	57
Over 40 years ..	1	20
Total	230	308

19.0 per cent. of the patients attended for the first time before the 16th week of pregnancy.
14.1 per cent. attended for the first time between the 16th and the 20th week.
30.3 per cent. attended for the first time between the 20th and the 25th week.
22.8 per cent. attended for the first time between the 25th and the 30th week.
9.8 per cent. attended for the first time between the 30th and the 35th week.
4.0 per cent. attended for the first time after the 35th week.

86.5 per cent. of the patients attending the Clinic had some abnormality or discomfort which required attention. Only 84 out of the total number felt, and were, perfectly well throughout.

The more gross defects already present among these expectant mothers were as follows:—

Heart Disease (organic)	14
Chronic Nephritis (one having had decapsulation operation)	10
Tuberculosis	3
Anæmia (severe)	4
Gonorrhœa	3
Recent operation for Renal Calculus	1
Disseminated Sclerosis	1

Bronchiectasis with Hæmoptysis	1
Congenital Dislocation of the Hip	1
Epilepsy	1
Small or Deformed Pelvis	18
Occlusion of the Os	1
Syphilis	1
Left Inguinal Hernia	1
Salpingitis	1

The following relatively serious conditions developed as a result of the pregnancy and were attended to:—

Toxæmia (slight)	121
Toxæmia (severe)	21
Serious Vomiting	1
Oedema without Toxic symptoms	1
Pyelitis	5
Hæmaturia	2

Accidental Hæmorrhage	9
Missed Abortion	1
Placenta Prævia	2
Retroflexed Gravid Uterus	1
Hydramnios	2
Phlebitis	1

Malpresentations corrected 26

Blood was taken for the Wassermann Reaction in 9 cases, and all were negative. 3 cases were referred from the Ante-natal Clinic to the Venereal Diseases Officer, and one case was referred to the Ante-natal Clinic from the Venereal Diseases Officer.

Eleven patients were X-Rayed, and the following conditions were found:—

Twin Pregnancy	4
Small Pelvis, badly flexed head	1
No disproportion	2
Nægele's Pelvis	1

Hydramnios (brow presenting)	1
Bronchiectasis (case of Hæmoptysis)	1

Negative examination for Stone in Kidney (case of Hæmaturia) ... 1

56 patients were admitted to the hospital from the Clinic for Ante-natal Treatment for the following reasons:—

Toxæmia of Pregnancy	18
Oedema alone	1
Chronic Nephritis	8
Pyelitis	4
Hæmaturia	1
Organic Heart Disease	10
Accidental Hæmorrhage	1
Placenta Prævia	2
Severe Vomiting	1
Severe Backache	1
Hæmoptysis	1
Hydramnios	1
Small Pelvis	5
Early Rupture of Membranes	2

DENTAL TREATMENT OF EXPECTANT MOTHERS.

By Mr. G. S. Cubitt, L.D.S.

"The object of dental treatment for expectant mothers is to eliminate sepsis which might, by lowering the vitality and reducing resistance, predispose to such conditions as the toxæmias of pregnancy and puerperal sepsis. The importance of keeping the mother free from toothache during a time of mental and physical stress is obvious.

During the year, 22 evening sessions were held, 49 patients treated, and 84 attendances made. The number of appointments made was 131. Extractions numbered 150, fillings 16, sedative dressings 11, and scalings 6. Full upper and lower dentures were provided for one patient.

One emergency extraction was done at the new Maternity Hospital under general anæsthesia; for the remainder, local anæsthesia was used. There was little scope for conservative work, and many of the patients presented sadly neglected mouths with teeth in the last stages of decay.

The fact that the majority of the mothers are appreciative and grateful is a great encouragement in doing work that is inevitably more difficult and trying than any done for patients in a normal state of health."

The Maternity Hospital.

Up to 25th October, 1935, the number of cases admitted to the Old Maternity Hospital in Blenheim Road was 231, including 23 emergency cases. The number of booked cases was restricted to 20 per month in accordance with a suggestion from the Ministry of Health, with the result that many patients had to be refused admission. Emergency cases from Wakefield itself were accepted as far as possible, but most emergencies from surrounding districts had to be sent elsewhere. The last patient was discharged from the Old Maternity Hospital on 8th November, 1935, and the hospital was finally vacated on that date. The change over to the New Hospital, and its furnishing and organisation, imposed much extra work on the Matron (Miss Perkins) and her staff, and I should like to express my appreciation of the smoothness and efficiency with which it was all carried out.

On and after 25th October, patients were admitted to the New Hospital at Manygates. 93 patients were admitted there in 1935, and included in these were 12 emergency cases.

Out of the total of 324 admissions, 69 patients came from outside the City. 35 cases were emergencies, 16 from Wakefield and 19 from outlying districts. 306 patients were delivered in hospital, and in 250 cases the actual delivery was conducted by a midwife.

The average duration of stay per patient was 17.29 days.

In the following cases medical treatment was required for some abnormality:—

(*a*) **Ante-natal—79.**

Pre-Eclamptic Toxæmia	28	Cystitis	2
Eclampsia	1	Vomiting	3
Chronic Nephritis	7	Hæmaturia	1
Heart Disease	10	Influenzal Pneumonia	1
Cardiac Dilatation	3	Epilepsy	1
Accidental Hæmorrhage	2	Dental Abscess	1
Hæmorrhage from Placenta Prævia	2	Bronchiectasis with Hæmoptysis	1
Contracted Pelvis	4	Oedema	1
Floating Head	2	Vaginal Discharge	1
Transverse Twin	1	Occlusion of the Os Uteri	1
Hydramnios	2		
Pyelitis	4		

(*b*) During Labour—48.

Uterine Inertia	12	Fœtal Distress	2
Extended Breech	8	Maternal Heart Disease	2
Prolapsed Cord	3	Failed Forceps	1
Long second stage—Maternal Distress	3	Adherent Placenta	6
Antepartum Hæmorrhage	3	Brow Presenting	1
Flat Pelvis	2	Rigid Perineum	2
Twins	2	Doubtful Presentation—normal	1
		Nægele's Pelvis	1

(*c*) After Labour—42.

Phlebitis (5 superficial, 2 deep)	7	Bronchitis	1
Cystitis	17	Pleurisy	1
Mastitis (1 suppurative)	7	Pulmonary Tuberculosis	1
Pyrexia	2	Sore Nipples (severe)	1
Pus from Cæsarean Section Wound	2	Salpingitis	1
		Hæmorrhoids	1
		Inflamed patch on Thigh	1

(*d*) For the Infant—27.

Watery Eyes	5	Hæmorrhage from Umbilicus	1
Sore Buttocks	5	Cerebral Hæmorrhage	1
Prematurity	7	Cardiac Failure due to Diaphragmatic Hernia	1
Rash	1	Vaccination	1
Melæna	1	Erbs' Paralysis	2
Pyloric Stenosis	1		
Onychia	1		

74 patients required to have the perineum sutured.

Instrumental delivery was required in 11 cases—3.6 per cent. of the total. The reasons for interference were as follows:—

Long Second Stage with failure to advance	4
Maternal Toxæmia—Foetal and Maternal Distress	2
Primary Uterine Inertia—Maternal Distress	1
Foetal Distress (one a twin)	2
Scarred Perineum—failure to advance	1
Brow presenting in a case of Hydramnios	1

Cæsarean Section was performed 6 times (i.e. 2.0 per cent.) and for the following reasons:—

Uterine Inertia	2
Extended Breech in elderly Primipara with Uterine Inertia	1
Nægele's Pelvis	1
Placenta Prævia	1
Twins—both lying transversely	1

The following cases required other forms of operative treatment:—

Manual removal of Adherent Placenta ...	5
Surgical induction of premature labour (Toxæmia 1, Flat Pelvis 2, Chronic Nephritis 1, Hydramnios 1)	5
Bipolar Podalic Version for Placenta Prævia	1
Breaking down of Occluded Os	1

There were no cases notified as Puerperal Fever.

Four cases of Pyrexia were notified. The following were the causes:—

Stitch Abscess in Cæsarean Section wound (catgut)	2
Slight Pyrexia without symptoms	2

One case of Stitch Abscess was transferred to the County Hospital and recovered. The other three were transferred to Snapethorpe and recovered.

There were no cases of Pemphigus or of Ophthalmia Neonatorum in the hospital in 1935.

There were 20 Still-births and 8 infant deaths within 10 days of birth. The causes of death were these:—

Prematurity (one non-viable)	4
Convulsions (premature twin)	1
Cerebral Hæmorrhage	1
Diaphragmatic Hernia	1
Hydrocephalus and Spina Bifida	1

There were 4 maternal deaths. One occurred during pregnancy and was due to heart failure. The patient had severe heart disease, which was aggravated by the pregnancy, but death was unconnected with confinement.

One death was due to post operative shock following Cæsarean Section after a difficult labour.

Two cases were due to Adherent placenta.

The average duration of stay of patients in hospital was 17.29 days.

Training of Pupil Midwives.

During 1935, 14 new pupils commenced their training for the certificate of the Central Midwives Board. Of these, three were discharged as unsuitable before the end of the first month. 3 passed the examination of the Board during the year. The pupils attend Lectures at the Leeds Medical School and receive tutorial and practical instruction from the Matron and the Sisters of the Hospital.

District Cases.

131 Confinements were attended during 1935 by the two Municipal Midwives, assisted by the pupil midwives. Of these, 22 were doctors' cases. In this way the pupils gain experience of home midwifery.

Post Natal Clinic.

The Post Natal Clinic was held weekly throughout the year, the patients being seen on Wednesdays at 10 a.m., along with new ante-natal cases, until the transfer to Manygates. Now post-natal cases are seen on Thursdays at 11 a.m. The patients attending are chiefly those who have been confined in hospital. They are asked to report at the end of the sixth week of the puerperium, whether the confinement has been normal or otherwise. In addition patients complaining of any form of gynæcological trouble are sent from Welfare Centres to be examined and referred for suitable treatment.

On Friday mornings at 11 a.m. patients in need of contraceptive advice for medical reasons are seen and advised.

During 1935, 195 patients attended the post natal Clinic, and the attendances numbered 235.

Of the 195 patients, 168 had been delivered in the Hospital, 2 were sent by their own doctors, three by midwives, 11 from Welfare Centres, and 11 came of their own accord.

The following abnormal pelvic conditions were found:—

Vaginal Discharge ...	6	Cervical Laceration ...	1
Perineal Deficiency ...	3	Cervical Erosion ...	1
Prolapse of Uterus ...	4	Retroflexion of Uterus	6
Rectocele and Cystocele	2	Amenorrhœa	4
Salpingitis	2	Metrorrhagia	2

Other abnormalities found were these:—

Constipation	15	Urethral Caruncle ...	1
Backache	7	Pruritus	1
Heart Disease	8	Neurasthenia	2
Anæmia	6	Multiple Subcutaneous Hæmorrhages ...	1
Whiteleg	3	Varicose Veins ...	1
Phlebitis (superficial)...	2	Hyperthyroidism ...	2
Hæmorrhoids	3	Tuberculosis	1
Fissure in Ano ...	2	Cystitis	1
Raised Blood Pressure (sequel of Toxæmia)	7		

Contraception.

In the middle of 1935, permission was given by the City Council for instruction in contraceptive methods to be given to suitable cases at Municipal Clinics. The general practitioners were circularised and invited to send patients in need of such advice for medical reasons. During the last few months of the year, four patients attended for this advice—all cases of serious heart disease. One of them, however, was found to be already pregnant at her first attendance. No cases were sent from practitioners. The patients were found at Post-natal and Child Welfare Clinics.

The New Maternity Hospital.

The new Maternity Hospital was built to replace the Municipal Maternity Hospital in Blenheim Road which was opened in 1919. For some years the old Hospital had proved to be very inadequate for both patients and staff. The new

Hospital has accommodation for 35 patients, including two separate isolation beds, and it is anticipated that it will adequately serve the needs of the City and the surrounding district for many years to come. The Hospital was formally opened on October 9th by the Mayor, F. W. T. Mills, Esq., J.P., and was ready to receive patients on October 25th.

Description of the New Hospital.

The site of the Hospital covers about nine acres and is situated at the junction of Barnsley Road and Manygates Lane on land known as Manygates Park. The site is within easy access from all parts of the City, and will allow ample space for future extensions.

The buildings consist of:—

The Administrative Block.
The Hospital Block.
The Ante-natal Clinic and Child Welfare Centre.
Two Pram Shelters.
Transformer House.
Two Garages, Mortuary, and Post-Mortem Room.
Porter's Lodge.

The hospital has been carried out to the design and under the supervision of the City Surveyor and Architect (Mr. Louis Ives, M.Inst. M. & Cy. E.), the elevations being of red rustic brick relieved by stone dressings and gauged arches to doors and windows, and the roofs slated. Central heating and electric lighting have been installed, and there is a wireless installation provided for the Wards and for the administrative block.

The Hospital Block.

This block is a two storied building. On the ground floor are the following rooms:—Office, Waiting Room, Receiving Room with its own W.C. and bath attached, one eight-bedded ward, one four-bedded ward, one nursery, one two-bedded ward, three one-bedded wards, one labour room, one sterilizing room adjoining the labour room, two sluice rooms, one bathroom, one milk store, one linen store, one Duty Room, one sanitary annexe with three W.C.'s.

The left enclosure is situated near the main staircase. First Floor has the following accommodation:—

One eight-bedded ward, one four-bedded ward, one two-bedded ward, two one-bedded wards, one nursery, two sluice rooms, one operating theatre, one sterilizing room, one bathroom with bath and lavatory, one linen store, one milk store, one duty room, one sanitary annexe with three W.C.'s. On this floor also is a self-contained isolation unit shut off from the main corridor. This consists of two isolation wards, a small duty room, a small sluice room, bathroom and W.C., linen cupboard.

The lift is an electric automatic controlled lift with safety device.

A covered way connects the ground floor of the hospital to the administrative block.

Administrative Block.

Part of the staff quarters consists of the residence which was known as Manygates House. This has been considerably altered internally and added to. The block accommodates the staff quarters, laundry, boiler house, etc. The accommodation is as follows:—

Basement Floor.

Recreation room, box room, cycle shed, laundry with wash-house, ironing room, drying chamber, soiled linen receiving room and clean linen delivery room, boiler house. The calorifiers and accelerator for the main hospital block and staff quarters are situated in a room adjoining the boiler house. There is also a fuel store, a workshop, and a W.C. for male staff. A passage way is provided giving access to the covered way and hospital block, enabling linen to be wheeled on a trolly direct to the laundry.

Ground Floor.

On this floor is the following accommodation:— Vestibule and lobby, Nurses' Dining Room with serving hatch, Maids' dining and sitting room, Matron's sitting room, Sisters' sitting room, Study, Kitchen, containing the following equipment:—Twin steamer, two steam jacketed boiling pans, hot closet and carving table, one double oven gas range, one fish frying range. Scullery containing one electric washing-up machine, electric potato peeler, two vegetable sinks, pan sink, drainers, scullery table, etc. One vegetable and meat store with Frigidaire refrigerator 100 cu. ft. capacity. One larder, one china store, one housemaids' pantry, one general store, staff lavatory.

First Floor.

The following rooms are provided:—Resident Medical Officer's Sitting Room and bedroom, Nurses' Sitting room, Matron's bedroom, 8 other bedrooms, Bath, W.C., and lavatory for Matron and Medical Officer, two staff bathrooms, each with two lavatory basins, four W.C.'s, housemaids' closet, one lavatory with two basins, linen store, small store for brushes, etc.

Second Floor.

This floor contains seventeen bedrooms, two staff bathrooms each with two lavatory basins, two W.C.'s, one housemaids' closet, and one lavatory with two basins.

Ante-natal Clinic and Child Welfare Block.

This block fronts on to the Barnsley Road. The accommodation provided is as follows:—One Assembly Hall and Lecture Room, one Consulting Room, one Dressing Room, one Registration Room, one Staff Room, one Playroom, one Dispensary, one Treatment Room with dental equipment, two adult W.C.'s, one Staff W.C., and one for children. One Urine-testing Room.

Pram Shelters.

These are placed one on each side of the Clinic. Between them, they can accommodate about 80 prams.

Mortuary, Post-Mortem Room, and Two Garages.

This block is off the main drive halfway between the gates and the staff block. The two garages are electrically heated. The mortuary and post-mortem room are between the two garages.

The Porter's Lodge is situated near the main entrance.

Puerperal Fever and Puerperal Pyrexia.

During 1935, 13 cases were notified under the regulations, 11 being cases of Pyrexia and 2 of Fever. In addition there was one death from sepsis following an abortion, which was not notified.

Two cases of Sepsis were delivered and treated in the County Hospital, and the case of abortion sepsis was treated in Clayton Hospital. All three patients died.

Of the eleven cases of Pyrexia, 6 were originally attended by a midwife and 5 by doctors. In two of the doctors' cases the assistants were handywomen.

6 of the cases were notified from the Maternity Hospital, one from the County Hospital, and 4 from the patients' own homes. 6 cases were treated in the Municipal Hospital, one in the Maternity Hospital, one in Clayton Hospital, two in the County Hospital, and one in the patients' home. All recovered.

Inquiries into the cause of the Pyrexia gave the following results:—

Common Cold with Herpes	2	Mastitis	1
Pyelitis	2	Absorption from Lacerations	1
Sore Throat	1	Phlebitis	1
Stitch Abscess	2	Doubtful	1

Ophthalmia Neonatorum.

8 cases of Ophthalmia Neonatorum were notified during 1935, i.e., 0.78 per cent. of the notified live births. Six cases were notified in 1934, 2 in 1933, 7 in 1932, 8 in 1931, 6 in 1930, 10 in 1929, and 16 in 1928.

Cases Notified.	Treated.		Vision Un-impaired.	Vision Impaired.	Total Blindness.	Deaths.
	At Home.	In Hospital.				
8	4	4	8	—	—	—

All the cases were notified by private practitioners from the patients' own homes. None of the cases were delivered by practising midwives. 5 were delivered by doctors assisted by handywomen, and 3 were delivered by doctors assisted by a trained nurse not practising as a midwife. In 3 cases a smear was taken which was negative for the gonococcus. None of the cases were severe ones.

Pemphigus Neonatorum.

One case was notified during 1935. The confinement took place at home and was attended by a doctor and a handywoman. The baby was admitted to the Municipal Hospital on the 19th day and died on the 21st day.

HOME VISITING BY HEALTH VISITORS.

The six district Health Visitors, who also act as School Nurses and Tuberculosis Nurses, carried out the following work during the year:—

Infant Visiting—Primary Visits	980
,, ,, Re-visits (under 1 year) ...	7,940
,, ,, Re-visits (1 to 5 years) ...	8,246
Total Visits ...	17,166
Expectant Mothers—Primary Visits	253
,, ,, Re-visits	302
Visits re Still-births and Infantile Deaths	51
Attendances at Child Welfare Centres	297
Attendances at Tuberculosis Dispensary	102
Visits to Tuberculosis Patients	831
Attendances at Medical Inspection of School Children	230
No. of Visits to Schools	677
No. of Examinations at School re Cleanliness ...	11,698
No. of Examinations at School re Treatment ...	2,201
No. of Home Visits re Contagious Diseases ...	1,546
No. of Home Visits re Verminous and Neglected Children	51
No. of Home Visits for Other Purposes	979
Total Number of Home Visits re School Children ...	2576
No. of Home Visits re Mental Defectives	579
Visits for Purposes of Nursing	89
Miscellaneous Visits	100
Total Number of Home Visits (all purposes) ...	21,947

Infant Life Protection.

The Health Visitors act as Visitors under the Children Acts. There were 5 children on the Register at the beginning of the year, 3 new cases were added during the year, 1 of which left the City, leaving a total of 7 cases at the end of the year. All the children were satisfactorily cared for.

CHILD WELFARE CENTRES.

Numbers on the Registers, 1935.

Centres.	Mothers.	Infants.	Children 1—5 yrs.	Expectant Mothers.
Principal Child Welfare Centre:				
Miss Bell's District ...	221	177	103	12
Miss Staniforth's District	258	184	110	8
Miss Gardner's District	204	151	111	—
Miss Robertshaw's Dis.	284	228	100	17
Manygates Centre:				
Miss Thorp	267	241	102	18
Snapethorpe Centre:				
Miss Dearden	368	321	196	9
Totals ...	1602	1302	722	64

Attendances, 1935.

Centres.	Mothers.	Infants.	Children 1—5 yrs.	Expectant Mothers.
Principal Child Welfare Centre:				
Miss Bell's District ...	1969	1532	709	20
Miss Staniforth's District	2550	1505	1252	22
Miss Gardner's District	1722	1333	659	—
Miss Robertshaw's Dis.	3442	3083	1579	99
Manygates Centre:				
Miss Thorp	2196	1627	783	18
Snapethorpe Centre:				
Miss Dearden	3067	2199	950	30
Totals ...	14946	11279	5932	189

Up to November 5th, Centres were held as usual 4 times weekly at the Principal Child Welfare Centre—on Monday, Tuesday, Wednesday and Thursday afternoons—at Belle Vue once a week on Tuesday afternoons, and at Snapethorpe on Wednesday afternoons.

From November 12th onwards the Belle Vue Centre was closed, and the Clinic at the New Maternity Hospital, Manygates, was used on Tuesday afternoons as a Child Welfare Centre. The accommodation available in the Clinic has already been described.

During 1935, 1,286 infants and 205 mothers were medically examined at the Centres, of the infants 874 (i.e. 68.0 per cent.) were found to be normal and satisfactory at the first attendance, while 512 had some defect or ailment requiring supervision or treatment. The total number of medical examinations made was 9,518 (8,912 children and 606 mothers). All the infants attending the Centres are medically examined at least once a month, and more often, of course, when necessary. The Voluntary Helpers from the Babies' Welcome Association have continued to give their most valuable assistance in the running of the Centres.

In April, 1935, the Committee of the Yorkshire Home for Mothers and Babies opened a new Home in Harrogate, and Wakefield Mental and Child Welfare Committee reserved two beds at the Harrogate Home and one at Withernsea for the use of Wakefield mothers and babies. In this way 36 mothers and 34 babies were sent for a fortnights' holiday. All the mothers benefited greatly, but those who went to Harrogate did especially well.

INFANT FEEDING.

	Infants born 1934.	Percentage.
Wholly breast fed for 6 months or longer	648	85.4
Wholly breast fed for periods less than 6 months, but more than 1 month	65	8.6
Combined breast and artificial feeding for periods of 6 months or longer	25	3.3
Combined breast and artificial feeding for periods of less than 6 months, but more than one month	14	1.9
Artificially fed from 1 month or earlier	6	0.8
Totals	758	100.0

SUPPLY OF DRIED MILK.

Sold at Cost Price	3,893 lbs.
Sold at Half Price	1,666 ,,
Sold at Quarter Price	2,306 ,,
Supplied Free	14,738 ,,
Total ...	22,603 lbs.

The amount of Dried Milk supplied in 1935 is more than that supplied in 1934 by 1,460 pounds; the increase is accounted for by the number of pounds sold at cost price being more than that of last year and for the same reason in the case of milk sold at half cost. The cost to the Corporation for Dried Milk, free or sold at less than cost price, amounted to £845 15s. 3d.

144 Packets of Lactogol were also given out during the year, 105 being sold at cost price, 18 sold at half price, 9 sold at quarter price, and 12 given free.

ORTHOPÆDIC AND ULTRA-VIOLET RAY CLINICS.

These clinics were continued throughout the year, as in previous years, at the Principal Child Welfare Centre.

Orthopædic Clinic.

During 1935, the work of the Orthopædic Clinic continued on the same lines as in previous years. Dr. Crockatt attended once a month to see cases requiring his advice, and the clinic was open daily for treatment. For the greater part of the year new cases were dealt with, as hitherto, on Friday mornings at 10 o'clock, but towards the end of the year it was found necessary to change the time of the first attendance to Monday at the same hour, because of alterations in the duties of the medical staff.

During the year, 106 Wakefield patients attended the Clinic. Of these, 45 were new cases and 61 had already attended prior to 1935; 56 of the 61 remained on the register at the end of the previous year. The other five were cases which had previously ceased to attend or had been discharged "improved" and had reported for further treatment or advice in the year under review. Of the total number of cases (106), 12 were discharged "cured" and 7 "improved." Eleven patients, three of whom had left the city, ceased to attend, and 76 remained on the register at the end of the year. The total attendances were 966.

In addition to the Wakefield cases, 33 patients from outside the city attended by special arrangement. Twenty were suffering from some form of non-pulmonary tuberculosis and were referred by the West Riding County Medical Officer. Of these, 8 were new cases and 12 had attended prior to 1935. The thirteen others comprised 7 new and 6 old cases. The total attendances registered by patients from outside the city were 89.

The following is an analysis of the Wakefield cases treated in the Yorkshire Children's Orthopædic Hospital, Kirbymoorside, during 1935,

	Cases remaining in Hospital at the end of of 1934.	Admitted during 1935.	Discharged during 1935.	In Hospital at the end of 1935.
Education ...	2	2	2	2
Health	3	3	1	5
Mental and Child Welfare ...	—	2	1	1
Totals	5	7	4	8

The following table is a summary of the year's work of the Orthopædic Clinic:—

DEFECT.	New Cases.				Old Cases.				Seen by Orthopædic Officer.	Total Attendances.	Treatment Recommended.								Discharged.			Ceased Attending.	Remaining on Register.
	Total.	Education.	Health.	Mental and Child Welfare.	Total.	Education.	Health.	Mental and Child Welfare.			Observation.	Orthopædic Clinic.	Ultra-Violet Ray Clinic.	No Treatment.	Hospital.	Surgical Appliances.	X-Ray.	Plaster.	Cured.	Improved.	No Change.		
Rickets	2	1	—	1	5	3	—	2	5	8	4	—	3	—	—	—	—	—	—	1	—	—	6
Bone and Joint Tuberculosis	2	—	2	—	12	—	12	—	14	72	7	2	1	—	4	3	1	—	1	—	—	1	12
Clubfoot	—	—	—	—	6	3	—	3	6	19	4	1	—	—	1	—	—	—	—	—	—	—	6
Congenital dislocation of Hip	1	—	—	1	4	1	—	3	5	8	3	1	—	—	1	—	—	—	—	—	—	—	5
Structural Scoliosis	1	1	—	—	2	2	—	—	3	124	—	3	—	—	—	—	—	—	—	—	—	—	3
Flatfoot	12	10	—	2	6	5	—	1	14	265	6	10	—	2	—	7	—	—	2	—	—	4	12
Infantile Hemiplegia and Paraplegia	—	—	—	—	6	4	—	2	6	21	5	1	—	—	—	—	—	—	—	1	—	—	5
Anterior Poliomyelitis ...	—	—	—	—	6	6	—	—	6	59	1	1	—	—	4	—	—	—	—	—	—	—	6
Erb's Paralysis	1	—	—	1	2	2	—	—	3	75	1	2	—	—	—	1	—	—	—	—	—	—	3
Postural Defects	6	6	—	—	2	2	—	—	3	128	—	8	—	—	—	—	—	—	—	1	—	2	5
Non-tuberculous Diseases of Bones and Joints	—	—	—	—	3	3	—	—	3	30	2	—	—	—	1	—	—	1	—	—	—	—	3
Mouth Breathing	4	4	—	—	1	1	—	—	—	31	—	5	—	—	—	—	—	—	—	1	—	3	1
Various	16	7	—	9	6	5	—	1	16	126	11	4	—	5	2	1	1	—	9	3	—	1	9
Totals	45	29	2	14	61	37	12	12	84	966	44	38	4	7	13	12	2	1	12	7	—	11	76

Artificial Sunlight Clinic.

Four sessions per week were devoted to this form of treatment at the Principal Child Welfare Centre, Margaret Street, throughout the year. Girls attended on Mondays and Thursdays, and boys on Wednesdays and Saturdays, an arrangement which had obtained during 1934. All new cases were seen, for the greater part of the year, on Fridays at 10 a.m., but owing to changes in the duties of the medical staff, the day had to be changed to Monday in the last two months of 1935, the hours being the same.

The artificial sunlight clinic caters for cases from all branches of the medical services of the City. Children recommended by private practitioners also attend for treatment.

The total number of attendances was 4,705. The following table summarises the cases:—

Defect.	Total Attendances.	Number of Cases.							Ceased to attend.		Discharged.	Remaining on Register.
		Total Cases.	New.			Old.						
			Education.	Health.	Mental and Child Welfare.	Education.	Health.	Mental and Child Welfare.	After more than 10 Exposures.	After less than 10 Exposures.		
Debility following infectious disease	478	23	2	—	10	4	—	7	5	4	5	9
Debility with nervous symptoms	234	11	3	—	5	3	—	—	2	—	2	7
Debility with malnutrition and anæmia ...	448	17	3	—	5	6	—	3	3	1	10	3
Debility with catarrhal symptoms ...	510	21	7	1	9	4	—	—	4	2	6	9
Debility with cervical adenitis ...	119	8	2	—	4	2	—	—	1	1	1	5
Rickets	441	26	4	—	10	7	—	5	5	9	3	9
Skin Diseases ...	503	20	5	—	7	5	—	3	5	2	5	8
Bronchitis ...	440	16	3	—	6	4	—	3	1	—	5	10
Nervousness ...	330	10	2	—	4	3	—	1	3	1	3	3
Non-tuberculous cervical adenitis ...	312	15	5	—	5	2	—	3	—	1	3	11
Lupus	73	1	—	—	—	—	—	1	—	—	—	1
Non-pulmonary tuberculosis ...	203	4	—	2	—	—	2	—	—	—	2	2
Asthma	20	2	1	—	1	—	—	—	—	—	—	2
Furunculosis ...	2	1	—	—	1	—	—	—	—	—	—	1
Chorea	168	6	3	—	1	2	—	—	—	3	3	—
Rheumatism ...	44	2	1	—	—	1	—	—	1	—	1	—
Ophthalmia ...	181	9	1	—	1	6	—	1	—	4	5	—
Pink Disease ...	33	1	—	—	—	—	—	1	—	—	1	—
Various	166	7	2	—	2	1	—	2	2	—	2	3
Totals ...	4705	200	44	3	71	50	2	30	32	28	57	83

The total number of attendances did not completely correspond with the total number of treatments, which was 4,915. This was accounted for by the fact that 210 local, as well as general, treatments were given in certain cases of skin disease, including lupus.

The number ceasing to attend appears very large when seen in tabulated form, without any explanation of the circumstances. Several of the children ceased to attend because they had left the district. Quite the majority of the remainder gave up treatment after prolonged attendance, and in that respect, the column giving the numbers of those who ceased to attend after less than ten treatments is misleading, unless it is remembered that only those treatments carried out in 1935 could be included in the statistics. Another point worth noting in connection with "ceased to attend" cases is that children who were not discharged by the Medical Officer all come under that heading. The inference is not necessarily that the condition, for whose treatment the case was referred, had not materially improved. Indeed, it is probable that many were about to be discharged when they ceased attending.

The following is a brief account of the results obtained in the cases where the course of treatment had been completed during 1935. Only those discharged in the ordinary way by the medical officer are included. Unfortunately, cases ceasing to attend for any reason are lost material, in that each one is potentially valuable as a source of information in connection with the results of Ultra-Violet Ray Therapy.

Rickets.

Three cases, the same number as in 1934, completed the treatment, after 1 7/12, 1 3/12 and 6/12 years respectively. All were much improved, and limb deformities had disappeared. The gains in weight, arranged to correspond with the duration of treatment as noted above, were 4 lbs., 7 lbs., and 1 lb. 10 oz. The case showing a gain of 7 lbs. was undergoing a second course of treatment after interruption due to pneumonia, complicated by empyema.

Eye Cases.

The five cases discharged included strumous keratitis, chronic keratitis, chronic blepharitis, and irritable cornea. In each instance the general condition of the patient had improved, and in all but one—a very resistant case of chronic blepharitis—the eyes were entirely satisfactory at the time of discharge. Suitable selected cases of acute and chronic ophthalmia are remarkably benefited by general exposure to Ultra-Violet Rays and, as noted in last year's report, corneal scarring is considerably lessened by prolonged treatment after the active disease has cleared up. The average period of treatment was just over 6 months. Gains in weight ranged from 1¼ lbs. where treatment had lasted 3 months to 14 lbs. 6 ozs. in a girl of 13, who had been attending for 13 months.

Rheumatism.

Only 1 case was discharged, having had treatment for three months. The period covered was, however, five months, because of interruption by contracting infectious disease. The patient, a girl of 4½ years, put on 6 lbs. 8 ozs. in weight and was taller by 3 inches. All symptoms had completely disappeared and the general condition was very satisfactory.

Chorea.

The three cases discharged included one quite free from symptoms, one much improved and one improved. The last-mentioned was a very neurotic boy, in whom co-ordination was erratic normally. One patient who had twice had Scarlet Fever appeared to belong to a family with a predisposition to chorea, a brother having died from it. The third case was complicated by one of the myopathies (Amyotonia Congenita). The duration of treatment varied from 7½ months to 14½ months. All the patients gained in weight.

Non-Pulmonary Tuberculosis.

Both discharges were cases of Tabes Mesenterica. One was treated for 4 months, and the other for 13 months. The respective gains in weight were 7 lbs. 12 ozs. and 6½ lbs., and neither had any signs or symptoms of abdominal disease at the time of discharge.

Non-Tuberculous Cervical Adenitis.

Three cases were discharged after individual periods of treatment of 6 months, 7 months, and 1 year. There was complete disappearance of the condition in each instance. The respective gains in weight were 2 lbs 4 ozs., 1 lb. 12 ozs., and 5 lbs.

Skin Conditions.

Five children finished their attendance for skin conditions, two had had psoriasis, one eczema, one alopecia, and one deep-seated impetiginous, or perhaps better, ecthymatous lesions on the limbs. The case of eczema was cured in two months and had gained 3 lbs. 11 ozs. in weight. The boy suffering from alopecia required 11½ months' treatment to effect a cure. One of the cases of psoriasis had to attend for 1 year 8 months before the skin became healthy, while, in the other instance, five months' treatment completely cleared up the condition. The child with crusted sores on the limbs was still pale after the year's treatment which had been necessary to clear up the skin lesions, in spite of having had iron tonics throughout. Treatment was during her third year of life, yet she showed a gain in weight of only 2 lbs. 14 ozs.

Bronchitis.

These were all of the recurrent (sub-chronic) or chronic type. All signs of catarrh had disappeared in each case at the time of discharge. The period of treatment varied from 6 months to 18 months. It is a little difficult to estimate the value of Ultra-Violet Ray treatment in catarrhal conditions of the chest, as, with cod liver oil in some form always prescribed in conjunction, the clearing up of chest signs and symptoms is probably at least as much the result of the internal as the radiation treatment. Perhaps the two treatments interact or react, giving a common result greater than would be produced by independent courses of each. Another point of note is that bronchitic conditions in children are very variable, and although they may clear up quite rapidly, even unexpectedly so, they are apt to return in full force without much warning. The best that Ultra-Violet Ray treatment can do for bronchitic ailments of the type discharged is to clear up the chest for the time being. Careful attention to diet and the adequate inclusion of Vitamin A. are essential in the after-care.

Nervousness.

One highly strung girl had habit spasm, while a second suffered from sleeplessness. The only boy discharged suffered from generalised hyper-excitability of the nervous system, evidenced as irregularly distributed twitchings of muscles. The general toning up of the nervous system in the last case affected disappearance of all nervous symptoms. The first two were much improved, and all gained weight. The periods of treatment were 6 months, 6 months, and 1 year 8 months respectively.

Pink Disease.

The case discharged had all the typical evidences of the disease when treatment commenced. Eight months' general radiation was required, at the end of which the bodily health was very good, teething had proceeded satisfactorily, and although still rather underweight, the child was happy and active.

Debility.

(*a*) Following Infectious Disease:—The duration of the treatment varied from 2½ months to 1 year. All were free from symptoms at the time of discharge, and the general condition was entirely satisfactory, each case showing an increase in weight and a return to the normal vivacity of childhood.

(*b*) With Nervous Symptoms:—Only two cases completed their course of treatment. One had had chorea and was undergoing a third course of treatment, which lasted seven months and resulted in cessation of the choreiform movements and a gain of 7 lbs. 2 ozs. in weight. The other case had 8 months' treatment and was much improved.

(*c*) With Malnutrition and Anæmia:—The ten discharges under this heading included patients varying from 10 weeks to adult in age, and the duration of treatment had a range of from 4 to 15 months. All the patients benefited very materially.

(*d*) With Catarrhal Symptoms:—The type of patient was the one who, in addition to being in a poor state of general health, suffered from inflammatory conditions of the eyes, ears, throat, or chest. The ages varied from 1½ to 12½ years, and the longest and shortest periods of treatment were 23 months, required in the case of a chronic bronchitic child, and 6 months respectively. In addition to the improvement indicated by the gain in weight and by the general toning up of the body, the four patients who had had otorrhœa at the commencement of treatment, had no discharge from the ears at the time of their last visit to the clinic.

(*e*) With Cervical Adenitis:—The only child discharged was a contact of a patient suffering from pulmonary tuberculosis. She had had four infectious diseases, including measles and whooping cough before the age of four. She also exhibited the features of a case of fragilatæ ossium. After 13½ months' treatment, the glands in the neck were still palpable. The general condition had improved, but the gain in weight was only 4 lbs. 6 ozs., a very modest amount, having regard to the fact that the child was underweight when treatment commenced.

MENTAL DEFICIENCY.

At the end of 1935, there were 104 mental defectives (49 males and 55 females) on the Register of the Mental Deficiency Authority. This list of cases does not include children coming under the jurisdiction of the Education Authority. The cases are classified as follows:—

	Total.	M.	F.
In Institutions under Order ...	28	13	15
Under Guardianship	3	3	—
On Licence from Institutions	1	—	1
Under Statutory Supervision	23	14	9
Under Voluntary Supervision	36	13	23
Cases under the care of the Public Assistance Committee:—			
In Public Assistance Institutions in the City of Wakefield	4	3	1
In Public Assistance Institutions outside the City, approved for the reception of Mental Defectives under Section 37 of the Mental Deficiency Act, 1913 ...	3	2	1
In receipt of outdoor Relief ...	6	1	5
	104	49	55

In addition to the above, there were 104 children (65 boys and 39 girls) between the ages of 7 and 16 years who had been certified to the Education Authority as feebleminded.

St. Catherine's Certified Institution, Doncaster.

During 1935, one patient from Wakefield was admitted to St. Catherine's Institution, one patient died in the Institution, one patient was allowed home on licence, and at the end of the year there remained 27 Wakefield patients in the Institution, classified as follows:—

High Grade Males	8
High Grade Females	13
High Grade Boys (under 16)	3
Low Grade Males	2
Low Grade Females	1
	27

In addition to the above patients in St. Catherine's Institution, one female patient had to be sent to Hortham Colony, Bristol, as there was no bed available for her at St. Catherine's.

Occupation Centre for Mental Defectives.

The Occupation Centre is managed on behalf of the Corporation by the Wakefield Council of Social Service, and Mr. Osbourn, the Secretary, has kindly supplied me with the following notes:—

> " At the end of 1935, 7 boys and 3 girls were attending " the Occupation Centre. Attendance during the year was " good and regular. The activities have included raffia " weaving, embroidery, plain sewing, singing, drill and " dancing. The young people have enjoyed the work, and " there is no doubt that in a few instances, the Centre has a " much-needed steadying influence.
>
> " Constant care is exercised in watching over the personal " needs and the welfare of the young people. Personal touch " with parents has been maintained, and in a few cases, " special help, such as clothing or nourishment, has been " given.

"In the summer, the young folk had an outing to
" Hipperholme, through the kindness of friends, and on the
" King's Jubilee, and at Christmas, parties were organised.
" These special occasions are always times of real enjoy-
" ment."

SCHOOL MEDICAL SERVICE.

This service is intimately correlated with the general public health service. The medical work is carried out by the Medical Officer of Health and the three Assistant Medical Officers, and the work of the School Nurses is carried out by the six Health Visitors. In addition, there is a School Dentist, a School Clinic Nurse and an Orthopædic Clinic Nurse. The work embraces (1) Routine medical inspection of entrants, intermediates and leavers; (2)) Supplementary medical inspection at the school and at the School Clinic, including special examinations re Mental Deficiency, etc.; (3) Treatment of Minor Ailments at the School Clinic; (4) Vision refraction and prescribing of spectacles at the Ophthalmic Clinic; (5) Dental inspection and treatment; (6) Orthopædic and Ultra-Violet Ray Treatment; (7) Cleanliness Surveys and the following up of defective children by the School Nurses.

During 1935, the number of medical examinations amounted to 12,956, and 11,796 medical certificates were issued. At the Ophthalmic Clinic, 684 new cases were examined, with 1,172 attendances, and 608 prescriptions for spectacles were issued. The School Dentist inspected the teeth of 8,684 children, and found that 6,405 required treatment, although only 2,429 actually attended at the Dental Clinic for treatment. 106 children attended the Orthopædic Clinic, with 966 attendances, whilst 200 children attended the Ultra-Violet Light Clinic, with 4,705 attendances. At the Central Clinic for Minor Ailments, 1,152 children made 15,296 attendances, and at the Snapethorpe School Clinic 340 children made 2,366 attendances. A new Branch School Clinic at Manygates Park was opened on 18th November, and from that date until the end of the year the total attendances amounted to 323.

The results of the routine inspection of the elementary school children showed that 78 per cent. had carious teeth, 24 per cent. defective vision, 16 per cent. diseases of the throat and nose, 11 per cent. of the girls had verminous heads, 9 per cent. diseases of the lungs (mostly bronchitis), 7 per cent. enlarged glands (mostly cervical), 3 per cent. external disease of the eyes, 4 per cent. were dull and backward, 2 per cent. had defective hearing, 1 per cent. defective nutrition, and less than 1 per cent. each tuberculosis, mental deficiency, defective clothing and footwear. 15 per cent. were free from any defect. 29 per cent. were referred for treatment other than dental treatment or cleansing, and of these 82 per cent. received treatment.

HEALTH EDUCATION.

As usual, the arrangements for Health Week were made by the Social Service Council, and Mr. Osbourn has kindly supplied the following report:—

> " The subject chosen for special attention during " Health Week was 'Maternal Mortality.' An appeal was " made to all the Women's Organisations, and many of them " responded by arranging for this important question to be " considered and discussed. In some cases, the help of " speakers was requested, and thanks to the co-operation of " the Medical Officers, we were able to meet the need. By the " courtesy of one of the organisations concerned, we were " able to transform one meeting into a public meeting for the " women of the City.
>
> " We are convinced that this effort was successful in " giving knowledge and enlightenment to the women who " attended the meetings, and in helping to quicken the public " conscience on a question of vital importance.
>
> " The subject was obviously unsuitable for work " among young people, so in the schools attention was " directed to the subject set by the Empire Health Week " Committee—' The Practice of Health Habits.' Special " addresses were given by the School Medical Officers, copies " of a leaflet drawn up by the Medical Officer of Health were " distributed, and at the close of the week an essay competi- " tion was conducted. The essays written were of a high " standard, and they gave convincing proof of the keen " interest displayed by the young people."

BLINDNESS.

I am indebted to the Secretary-Home-Teacher of the Wakefield Institution for the Blind for the following information:—

(*a*) Total number of blind persons on the Register at 31st December, 1935	112

(*b*) Distribution of the number given in (*a*):—

Children under 5 years of age	1
Children in Special Schools	6
Adolescents undergoing training	1
Adults undergoing training	1
Workshop employees	2
Home workers	5
Resident in "Child Memorial" Home for the Blind	6
Resident in Institutions	4
Adolescents and Adults resident in own homes ...	86

Table showing Age Distribution of Cases on the Register:—

	0—5 years.	5—16 years.	16—21 years.	21—30 years.	30—40 years.	40—50 years.	50—60 years.	60—70 years.	70—80 years.	80 and over.	Total.
Males ...	1	2	1	4	2	8	16	11	10	3	58
Females	—	5	4	1	1	7	6	18	10	2	54
Total ...	1	7	5	5	3	15	22	29	20	5	112

Table showing Incidence of Blindness at the following Age Periods:—

	0—1 years.	1—5 years.	5—10 years.	10—20 years.	20—30 years.	30—40 years.	40—50 years.	50—60 years.	60—70 years.	70 and over.	Total.
Males ...	13	2	3	1	7	7	9	6	5	5	58
Females	17	2	5	2	4	1	6	8	7	2	54
Total ...	30	4	8	3	11	8	15	14	12	7	112

No. of Visits to persons in own homes	2,574
Lessons to persons in own homes	163
Pastime Classes held	65
Social Gatherings	23
Persons in receipt of Domiciliary Assistance	74

" During the year, 12 new cases and 4 transfer cases have " been placed on the Register (9 males and 7 females), 5 cases " died (3 males, 2 females), and 7 cases have left the City " (2 males, 5 females).

" 8 Clinics have been held by Dr. Kay Sharp, Certifying " Ophthalmic Surgeon, and 29 cases examined.

" Pastime Classes are held on Monday and Thursday " afternoons, instruction given in embossed reading and " writing, hand-knitting, rug-making, raffia and light " basketry, etc.

" On Tuesday evening each week the premises are open for " games (draughts, dominoes, card-games, etc.), music, etc.

" Whist Drives are held on the first Friday evening in the " month from October to March.

" 23 Social Gatherings have been held, these include visits " to Holmfield Park, and the summer outing to Bridlington.

" We tender sincere thanks and are grateful to the Wakefield Amateur Dramatic Society and the Wakefield Amateur " Operatic Society for the invitations to their various " productions; these events are thoroughly enjoyed and " appreciated by the blind people.

" We tender sincere thanks to all who have in any way " given of their time and service for the benefit of those " handicapped by blindness, and to Messrs. Bullock and Sons " for travelling concessions on their conveyances."

So far as I know, no special action has been taken under Section 66 of the Public Health Amendment Act, 1925, but the prevention of blindness has always received attention from the Corporation, particularly in connection with the prevention and treatment of ophthalmia neonatorum, which in the past has contributed considerably to the number of blind persons. There has, however, been no instance of blindness resulting from this disease in Wakefield for 18 years. The attention of the Education Committee has again been drawn to the great need for special educational facilities for school children suffering from high myopia (or severe short-sightedness), which sometimes ends in blindness. These children cannot be safely educated in ordinary classes, they are not bad enough to be admitted to blind schools, but should be educated by special methods.

The following is a list of the main causes of blindness found amongst the 17 cases who were examined and certified as blind within the meaning of the Blind Persons Act, 1920, during 1935 :—

Primary Cataract	8
Influenza	1
Primary Glaucoma	2
Industrial Trauma	1
Retinitis Pigmentosa	2
Ophthalmia Neonatorum	1
Congenital Syphilis	1
Congenital, hereditary and developmental defects...	1

The person in whom the cause of blindness was Ophthalmia Neonatorum was 56 years of age.

METEOROLOGICAL TABLE, 1935.

MONTH.	BAROMETER CORRECTED.					TEMPERATURE.										RAINFALL.				SUN-SHINE HOURS.
	Mean 9 a.m.	Maximum. Reading.	Date.	Minimum. Reading.	Date.	Mean 9 a.m.	Highest Maximum	Date.	Lowest Minimum (Screen).	Date.	Subsoil 6 ins.	Subsoil 1 foot.	Subsoil 2 ft.	Subsoil 4 ft.	Subsoil 20 ft.	Total Inches.	Greatest Quantity in 24 hours.	Date.	No. of days on which .01 or more fell.	
January ...	30.238	30.740	18th	29.236	25th	38.6	54.3 53.7	2nd 14th	26.6 26.8	9th 28th	38.6	40.4	42.1	44.9	50.1	1.11	.23	24th	19	23.3
February	29.641	30.411	7th	28.725	25th	41.9	55.9 55.6	20th 19th	26.9	26th	40.0	41.1	42.2	43.8	49.8	2.01	.52	24th	17	29.8
March ...	30.148	30.752	9th	29.336	1st	43.5	61.2 61.0 60.8	27th 19th 18th 28th	27.5	1st	41.1	41.8	42.4	43.5	49.3	.85	.17	23rd	13	83.0
April ...	29.773	30.339	28th	29.189	10th	47.8	63.6	30th	29.4 31.8	13th 22nd	45.0	45.7	45.9	45.4	48.9	2.46	.48	23rd	19	132.2
May ...	30.168	30.519	8th	29.800	17th	51.7	75.1	6th	32.1 32.3	18th 19th	51.2	51.6	51.2	48.9	48.5	.61	.17	14th	7	226.8
June ...	29.851	30.348	29th	29.426	7th	61.7	83.8	22nd	34.9	1st	58.7	57.3	56.0	52.3	48.3	2.09	.50	17th	21	177.9
July ...	30.091	30.276	24th	29.490	20th	66.1	89.7	13th	41.4	31st	62.7	62.2	61.2	57.0	48.5	.82	.30	17th	13	234.9
August ...	29.976	30.385	6th	29.436	27th	65.1	85.7	22nd	38.6	24th	61.1	61.3	61.1	58.1	49.1	1.89	.83	23rd	9	190.8
September	29.781	30.269	10th	28.817	17th	57.3	70.5	13th	34.6 28.0	8th 23rd 25th	54.5	55.9	57.2	56.5	49.8	3.61	1.09	24th	19	121.5
October ...	29.741	30.219	13th	28.995	3rd	48.9	63.7	16th	28.4	21st	47.4	49.5	51.4	52.9	50.3	4.65	1.20 1.13	4th 9th	22	56.3
November	29.628	30.128	25th	29.189	17th	43.1	61.9	3rd	31.2	13th	42.1	44.4	46.5	49.0	50.9	4.87	.70	16th	26	30.8
December	29.607	30.603	10th	28.780	1st	35.7	48.8	8th	18.3	24th	35.1	37.8	40.4	44.6	50.9	2.46	.45	27th	21	23.8
Total for Year ...																27.43			206	1331.1
Mean ...	29.887					50.1					48.1	49.1	49.8	49.7	49.5					3.65 30%

Bar. fell to 28.4 on Sept. 17th (a.m.).

APPENDIX

Notes on Public Health in Wakefield during the 19th century and from 1901 to 1935

---

(1) Public Health in the 19th Century.

(2) Population and Principal Vital Statistics, 1901-1935.

(3) Infectious Diseases, 1901-1935.

(4) Tuberculosis, 1901-1935.

(5) Maternity and Child Welfare, 1901-1935.

(6) Housing, 1901-1935.

(7) General Sanitation, 1901-1935.

(8) Supervision of Food, 1901-1935.

(9) Health Education,

(10) Mental Deficiency.

(11) Administration and Staff.

PUBLIC HEALTH DURING THE 19th CENTURY.

There is not much information available about the state of the public health during the first half of the 19th Century. We know, however, that Wakefield did not escape the Cholera epidemics of that period, and the epidemic of 1832 appears to have been particularly severe. We were reminded of these epidemics, when in 1909, the widening of the Springs, which involved the removal of a strip of the Vicar's Croft Burial Ground, was proposed. In this part of the burial ground the victims of Cholera had been buried in pits, and at the inquiry held by the Chancellor of the Diocese, who had been asked to grant a faculty for the removal of what remained of the bodies, I had considerable difficulty in satisfying him that such removal would not be likely to endanger the public health. We also know that Smallpox and Enteric Fever were common diseases, and contributed substantially to the mortality, which, compared with modern rates, must have been very high. Along with the later years of the 17th Century, this period witnessed the industrialisation of the town, and its conversion from a country market town and the important centre of the cloth trade into a manufacturing and industrial centre. Accompanying this change, and largely in consequence of it, there was an extensive and unrestricted building of small houses in narrow yards and courts behind the principal streets, and the creation of what has proved to be one of the most serious and costly public health problems which the Corporation has had to tackle in recent years.

The fullest description of the sanitary state of Wakefield about the middle of the last century is to be found in a Report prepared for the Privy Council, at that time the Central Authority for Public Health, by Dr. Netten Radcliffe. Complaints had been made to the Privy Council about the sanitary condition of the town as far back as 1857, when a Mr. Ranger was deputed to make an investigation and report. Apparently little notice had been taken of his report, and Dr. Radcliffe was sent down to Wakefield in 1869 to make a further inspection. From Dr. Radcliffe's report we learn that the population of Wakefield had increased from 16,278 in 1848 to 20,702 in 1870, and that the average death rate between these years was 23.7 per 1,000, with a maximum of 30.4 in 1849, and a minimum of 19.5 in 1862. The death rate in 1870 (25.1) was, however, higher than in 1848 (24.5). High as these rates are in comparison with those of to-day, the death rate in Wakefield was not apparently any worse than in most of the town districts in England and Wales at that time. Zymotic diseases, particularly Smallpox, Scarlet Fever, Enteric Fever and Diarrhœa, contributed largely to the mortality. The report gives a vivid but very unpleasant picture of gross insanitation existing in connection with housing, excremental accumulations, drainage and water supply, and even the smoke nuisance is specially referred to. It is worthy of note that many of the yards, whose houses are unfavourably commented on in a report written 66 years ago, have continued to exist until recent times, and indeed a few of them, though scheduled for clearance at an early date, still exist. In 1869 it was estimated that there were 1,500 privies and attached middensteads, and from 250 to 300 water closets in the town. These middensteads, described in the report as " abominations," were simple brick enclosures, uncovered and unpaved, and designed to hold several months' collection. There was no public provision for the removal of their contents, and the occupiers were expected to do this themselves. The deplorable conditions resulting from this policy of laisser faire can better be imagined than described. By this time, Wakefield's old water supply from wells had largely been replaced by water from the River Calder and supplied by a private Company. Although the water was filtered through carbide of iron before being supplied to the consumers, Dr. Radcliffe strongly condemns the supply on account of the gross pollution of its source, the Calder, which he describes as an open sewer. " A third century ago, the stream as it flowed beneath Kirkgate Bridge was bright, sparkling, transparent, odourless and swarming with fish. Now it is opaque, leaden coloured, fetid and forsaken by fish." When one thinks of the privy abominations and the kind of water which the public had to drink, it is not difficult to understand how Wakefield suffered so grievously from Enteric Fever and diarrhœal diseases.

In one yard with seven houses, Dr. Radcliffe found cases of Enteric Fever in six of them—15 cases all told, and 2 of them lying dead. He quotes this as an example of what was to be found in many parts of the town at that time.

Dr. Radcliffe's remarks on the smoke nuisance are interesting, and might have remained applicable at a much later date. "The Local Authority," he says, "has taken no measure for the prevention of smoke or the suppression of nuisance arising from it. In consequence of this short-sighted policy, the atmosphere above the town, which, within my own memory, was that common to large agricultural towns, is now in appearance rapidly approaching the condition peculiar to the ill regulated manufacturing towns in the vicinity. If manufactories multiply, it is unquestionably the duty of the Local Authority to restrain, within the straightest limits, any nuisance arising from them, and equally to suppress such as may have arisen."

Before leaving this Report, I might mention as a matter of interest in medical history, that Dr. Radcliffe acknowledges the assistance given him by various local persons, including Mr. Lawson Tait, House Surgeon to the Clayton Hospital, which was then situated in Wood Street, and Dr. Crichton-Browne, Medical Director of the Wakefield Asylum. Lawson Tait, then a young man of 24 years, afterwards became the famous Birmingham Surgeon, and died in 1899. Dr. Crichton-Browne, after ten years at the Wakefield Asylum, became the Lord Chancellor's Visitor in Lunacy, and now as Sir James Crichton-Browne, survives at the age of 95 years, a very distinguished and honoured member of the medical profession.

At the time Dr. Radcliffe wrote his report, Wakefield had been incorporated 22 years, during which time there had been a Sanitary Committee of the Corporation and an Inspector of Nuisances, and recently—in 1866—a part-time Medical Officer of Health had been appointed. Prior to incorporation in 1848, such sanitary work as was done in Wakefield was done by the Streets Commissioners, a body established in 1771 to look after the paving of the streets, and later, in 1796, " to light, watch and cleanse the streets " as well. This body did not lose all its powers in 1848, but it continued to function in certain directions till 1853, when, on the Corporation becoming constituted the Local Board of Health, it passed out of existence altogether. Perhaps the most useful sanitary work done by these Commissioners was the covering over of the noxious stream called the Skitterick in 1773.

The first Inspector of Nuisances was the Chief Constable himself, but in 1853 a butcher of the town was appointed Inspector of Lodging Houses, Slaughterhouses and Nuisances, although apparently he was attached to the Police. Later the office was separated from the police, and the names of Mr. Chambers and Mr. Flood are mentioned as Inspectors. In 1890 Mr. A. B. Whittaker was appointed Sanitary Inspector and Superintendent of Cleansing, and he continued to hold these offices up to 1919.

Mr. Whittaker was my first Sanitary Inspector Colleague, and I should like here to pay a tribute to the very fine service which he rendered to the cause of sanitation in Wakefield, and particularly to his zealous and successful efforts to secure the abolition of privies and the substitution of water closets.

I also believe that Mr. Whittaker deserves the credit of being the first Cleansing Superintendent in this country to introduce the system of controlled tipping in the disposal of domestic refuse. We have heard, in recent years, a good deal about this method of refuse disposal, and Bradford generally gets the credit of having introduced it. As a matter of fact, Mr. Whittaker was carrying out this method in Wakefield 30 years ago, and his system was as thoroughly controlled as any in vogue to-day.

Although it was not compulsory for a Local Sanitary Authority to appoint a Medical Officer of Health before 1875, Wakefield appointed Dr. W. S. Wade as its first Part-time Medical Officer of Health in 1866, and he held that office for 37 years, and up to 1903, when I succeeded him as the second Medical Officer of Health, but in a full-time capacity.

I have not been able to find any Annual Reports of the Medical Officer of Health before 1874, but from that year, at any rate, Annual, and in some years Biennial printed reports were issued. As one would expect the reports were short, and dealt mainly with mortality rates and infectious diseases. From the 1875 report, we learn that out of 947 deaths, giving a death rate of 31.5 per 1,000, 247 were due to zymotic diseases, including 94 due to Scarlet Fever. The same report states that there were no deaths from Smallpox that year, but reminds the Authority that there had been 73 deaths from that disease in 1871-2.

The birth rate that year was 39 per 1,000, so that notwithstanding the high rate of mortality there was still an excess of births over deaths. A few years later, in 1879, Dr. Wade is deploring the decreasing birth rate, which had reached the low level of 33 per 1,000. At the end of the century the birth rate had fallen to about 29, the death rate to about 18 per 1,000, whilst the infantile mortality rate was about 180 per 1,000 births.

In his 1874 Report Dr. Wade begins to appeal for a hospital for infectious diseases, while in his 1880 report he expresses satisfaction that a hospital has now been provided. Apparently the Hospital was opened in 1877. The reports of the succeeding years show that the hospital was largely used at that time for Smallpox cases, although Scarlet Fever and Diphtheria cases were admitted when Smallpox was absent. There are comments in the report about the insanitary privies, bad drainage, and the unsatisfactory water supply, but very little about housing conditions till we come to the later reports. In the 1894 Report Dr. Wade says that the public health would be improved "if a number of narrow alleys, especially in Kirkgate and Westgate, were pulled down and wide streets built in their place," and suggests that "if a superior class of buildings were built in the new streets, say in flats or tenement houses for the working classes, and good shops on the basement floors, it would be a remunerative investment pecuniarily."

In his 1898 Report Dr. Wade writes:—"The question of improving slum property is a pressing one, there are very great difficulties in the way of our improving matters in an old built and laid out City like Wakefield, as we are bound to find fresh habitations for the poorer classes before we can demolish the old ones. This is the great problem of the day, for it is indubitable that the bulk of zymotic diseases show themselves in slum property and environment, we have rarely cases or deaths from preventible diseases in the purely residential parts of the City, and the few cases we have are imported from the slums. A comprehensive, but at the same time beneficial scheme for Wakefield would, amongst others, be the throwing New Street and Nelson Street into one wide street from the Bull Ring to Savile Street, by pulling down the Griffin Inn to New Street

Corner, and the long row of buildings now separating New Street and Nelson Street, and if in the new street thus formed were built a good class of houses and shops, I suggest that it would be a profitable scheme pecuniarily and would be a great and good work on sanitary grounds, besides opening a much needed means of access to the City from the large and increasing district of Stanley." After an interval of nearly forty years, there now seems some prospect of Dr. Wade's recommendation being carried out.

There is no doubt that considerable sanitary progress was made during the last 25 years of the century. The passing of the great Public Health Act in 1875 made such progress possible, and the powers conferred by this Act were extended locally by the passing of the Wakefield Improvement Act in 1877. This Act included a series of important building regulations, although Building Bye-laws had been made in Wakefield as far back as 1859. One of the 1859 Bye-laws virtually prohibited the building of back-to-back houses, except in blocks of four, and the 1871 Act appears to have stopped the building of such houses altogether. The 1871 Act also gives power to close houses unfit for human habitation, but this power does not appear to have been much exercised.

There were bye-laws made in 1854 for the suppression of nuisances, and in 1896 a series of bye-laws were made to deal with Nuisances, Common Lodging Houses, Houses-let-in-Lodgings, Slaughterhouses, Offensive Trades, and Streets and Buildings.

Sanitary inspection had become more active, the gross nuisances revealed in the 1869 Report had more or less disappeared, privy accommodation had been improved and conversions into water closets were increasingly being made, public scavenging was more satisfactory, streets were better paved and more attention was being paid to drainage, sewerage and sewage disposal, although the sewage disposal works were not started till 1900. Probably the most important sanitary improvement of all was the provision of a new water supply from the Pennine Hills, which became available in 1888. A pure and plentiful water supply, reduction in the number of privies, and better drainage all combined to more or less eliminate the scourge of Enteric Fever and other diarrhœal diseases. With all these environmental improvements, comparatively little attention was given to the condition of the dwelling-houses themselves, and the public conscience as to bad housing had yet to be aroused.

The formation in 1899 of a voluntary organisation called the Wakefield Sanitary Aid Society indicates that at least a number of citizens were becoming concerned about the sanitation and public health of the City. This Society first of all devoted its attention to housing, and for a time employed an Inspector to make an investigation into housing conditions. Subsequently it took up the matter of infantile mortality, which was excessively high, and, as will be stated in a later section, appointed a Health Visitor in 1903. The Society, having served its purpose, came to an end in 1908. During the later years of the century, increasing attention was given to the prevention and control of infectious diseases. An isolation hospital became available in 1880, and although it was provided primarily for Smallpox patients, it was used for cases of other infectious diseases between the epidemics of Smallpox. Although this was the first municipal hospital for infectious diseases, it was not the first hospital of the kind, for in 1826, a voluntary hospital for fever cases (probably Enteric Fever chiefly) was opened at Westgate End. This hospital, or House of Recovery, as it was called, had some 12 beds, and it continued to be used up to 1850, when the Workhouse Hospital was opened.

In 1887, Wakefield, by means of a local Act, made the notification of the principal infectious diseases compulsory, and anticipated the national compulsory Notification Act by some twelve years. Attention was also being directed to tuberculosis, and a voluntary system for the notification of pulmonary tuberculosis was started in 1899.

POPULATION, ETC., 1901-1935.

The population of Wakefield increased from 41,403 in 1901 (Census) to 59,122 in 1931 (Census), and to 60,100 (estimated) in 1935, an increase of nearly 50 per cent. during the 35 years. The area of Wakefield has increased from 2,438 acres in 1901 to 4,971 acres in 1935, or more than double. During that period, the area was extended twice. In 1909, the Urban District of Sandal was included, adding a population of 8,400 and an acreage of 1,622. In 1921, the Lupset Parish of the Wakefield Rural District was included, adding a population of 163 and an acreage of 911. Wakefield was constituted a County Borough in 1915.

Principal Vital Statistics, 1901-1935.

FIVE YEAR PERIODS.	Average Annual Birth-rate.	Average Annual Death-rate.	Average Annual Infant Mortality per 1,000 live Births.	Average Annual Mortality from Heart Disease.	Average Annual Mortality from Cancer.	Average Annual Mortality from Respiratory Diseases other than Phthisis.
1901-1905	27.6	16.7	149	1.37	0.79	2.42
1906-1910	23.6	14.5	120	1.51	0.87	2.46
1911-1915	23.3	15.4	112	1.78	1.17	3.04
1916-1920	19.4	15.9	102	1.77	1.27	3.24
1921-1925	21.2	13.4	87	1.69	1.17	2.60
1926-1930	18.1	12.8	77	1.74	1.49	2.29
1931-1935	16.3	13.2	70	2.43	1.54	1.74

The above table shows a marked declension in the birth rate, which fell from an average of 27.6 during the first five years of the period to 16.3 per 1,000 during the last five years. In 1901, there were 1,190 births, giving a birth rate of 30 per 1,000, in 1935, there were 967 births, giving a birth rate of 17.0 per 1,000.

The death rate fell from an average of 16.7 during the first five years of the period to 13.2 during the last five years. In 1901, the deaths numbered 814, giving a death rate of 20 per 1,000. In 1935, the deaths numbered 758, giving a death rate of 13.3 per 1,000 of the population. During the 35 years, the infantile mortality has been halved. In 1901, there were 220 infantile deaths, giving an infantile mortality of 151 per 1,000 births. In 1935, there were 62 infantile deaths, giving an infantile mortality of 64 per 1,000 births.

The death rates for Heart Disease and Cancer are given in the Table, because these diseases have not shared in the decline of the general death rate, but, on the contrary, have increased. It is probable that in both cases the real increase is not so great as that shown in the table, and increased accuracy in diagnosis and variations in certification and classification may have affected the comparability of the figures. At the same time, by reason of their magnitude, these two groups of diseases call for very serious consideration. In my Annual Report for 1934, I dealt very fully with the subject of Cancer, and gave reasons for recommending that the disease should be made the subject of compulsory notification.

The mortality from respiratory diseases other than phthisis, chiefly bronchitis and pneumonia, has up to the last five years continued high, and has been the subject of frequent comment in my Annual Reports. The decline during the last five years is very welcome, but even so, these diseases still remain a serious public health problem.

INFECTIOUS DISEASES, 1901-1935.

Scarlet Fever.

TEN YEAR PERIODS.	Total Number of Cases notified.	Average annual attack rate per 1,000 of Population.	Number of Deaths.	Average annual Death-rate per 1,000 of the Population.	Case Mortality per cent.	Percentage Isolated in Hospital.
1901-1910	1,155	2.68	36	0.08	3.12	32
1911-1920	915	1.75	14	0.03	1.53	71
1921-1930	1,528	2.73	8	0.02	0.52	87
1931-1935 (Five years)	1,418	4.74	18	0.06	1.27	70
Totals ...	5,016	2.97 Average	76	0.05 Average	1.52 Average	65 Average

Scarlet Fever is one of our endemic diseases, liable to become epidemic at irregular intervals. Its prevalence and mortality in Wakefield during the last thirty-five years is summarised in the above table. In the first decennium (1901-1910), its prevalence was moderate, with an attack rate exceeding 3 per 1,000 in each of four years (1901, 1902, 1905 and 1906), and the death rate was also moderate, although the case mortality was fairly high (3 per cent.).

In the second decennium (1911-1920) the prevalence decreased, the highest attack rate was 2.8 per 1,000 in 1919, and the death rate was comparatively low. In the third decennium (1921-1930), the prevalence was again raised to about that of the first decennium, the attack rate being over 3 per 1,000 in three of the years (1922, 1925, and 1929), but the mortality was still lower than that of the preceding decennium.

During the last five years (1931-1935) we have experienced a great increase in prevalence, when the average attack rate went up to nearly 5 per 1,000, with a rate over 6 per 1,000 in 1932. During these five years, there has also been an increase in the death rate (although there were no deaths in 1935), but even so, the death rate was lower than that of the first decennium, and the case mortality was much lower than in that period.

Scarlet Fever in the present century has been a much milder disease than it was during the last quarter of the last century. Altogether there have been 76 deaths from the disease since 1901, or an average of about two deaths per annum. In 1875, when the population of Wakefield was about half its present figure, there were 94 deaths from Scarlet Fever, in 1877 there were 95 deaths, and in 1889 there were 64 deaths.

We have learned a good deal about the natural history of Scarlet Fever during this century, but we have not yet learned how to control it. The causal micro-organism has now been discovered, and there are possibilities of immunisation becoming a practicable preventive proposition in the future, although it is not yet sufficiently developed for general use. So far as I can judge, it is the only measure that gives us any hope for artificially reducing the prevalence of the disease. The great difficulty in controlling Scarlet Fever is the fact that the infection may exist in morbid conditions other than ordinary Scarlet Fever, e.g., in tonsillitis, and to get anything like adequate control, the isolation net would have to be spread wider than it is. In fact it is not possible to track down all the possible sources of infection. There was thirty years ago much debate as to the value of hospital isolation for cases of Scarlet Fever, and in a paper which I read at the Annual Congress of the Royal Sanitary Institute at Leeds in 1909, I expressed the view that hospital isolation would never do much to check the prevalence of the disease. Since then, experience has fully confirmed that opinion. It is a domestic convenience and, no doubt, beneficial in severe cases, but that is about all that can be said for it. It is interesting to recall that at the Wakefield Fever Hospital, we discarded the traditional views with regard to the infectivity of desquamating cuticle in cases of Scarlet Fever thirty years ago, and commenced the practice of discharging uncomplicated cases of Scarlet Fever at the end of twenty-eight days from the start of the illness, irrespective of the state of peeling. The practice was started after certain investigations into the subject had satisfied me that it was a sound and proper one, and although regarded at the time as rank heresy, it is to-day the accepted practice of fever hospitals. Incidentally, by reducing the average stay of patients in hospital by about a third, it automatically increased the amount of hospital accommodation which, in the case of our small Fever Hospital, was often a tremendous help.

Diphtheria.

1901—1935. TEN YEAR PERIODS.	Total Number of Cases notified.	Average annual attack rate per 1,000 of Population.	Number of Deaths.	Average annual Death-rate per 1,000 of the Population.	Case Mortality per cent.	Percentage Isolated in Hospital.
1901-1910	363	0.84	48	0.11	13.22	23
1911-1920	829	1.58	68	0.13	8.20	78
1921-1930	474	0.84	27	0.05	5.70	91
1931-1935 (Five years)	1,273	4.25	109	0.38	8.56	97
Totals ...	2,939	1.88	252	0.17	8.57	72

Diphtheria, like Scarlet Fever, has continued endemic throughout the 35 years, with epidemic rises in certain years, the most severe and prolonged epidemic being that of the last five years. During the decennium 1901-1910, the prevalence of the disease was low, the annual number of cases notified varying from 19 to 69. In the decennium

1911 to 1920, the attack rate was about twice as high as that of the preceding decennium, and the number of cases notified annually varied from 39 to 173. In the decennium 1921 to 1930, the attack rate again declined to the same level as in the first decennium, and the number of cases notified annually varied from 40 to 58. During the quinquennium 1931-1935, the prevalence rose markedly and to the extent of five times that of the preceding decennium. The numbers notified annually during these last five years varied from 148 in 1931 to 416 in 1932, and the epidemic has exceeded in magnitude any previous epidemic of which we have any record.

With regard to mortality, the death rate during these last five years has much exceeded the rates in the preceding years, being about seven times higher than that of the preceding decennium (1921-1930), which showed the lowest death rate during the thirty-five years. It will, however, be noted that the case mortality was highest in the decennium 1901-1910. Altogether, 252 persons have died from Diphtheria during the past thirty-five years, and of these, 109 died during the last five years of the period.

Diphtheria, therefore, remains a very serious public health problem, but fortunately medical science has now furnished us with the means of solving it. Thirty years ago, and still later, attention was concentrated on defective drainage, which we now know has little or nothing to do with diphtheria infection. Then, with the resources of a bacteriological laboratory at our command, we went out to hunt for carriers, until we realised that these were far too numerous and widespread to be caught by any amount of throat swabbings. And so the prevention of Diphtheria seemed rather a hopeless business, until Immunisation was discovered and proved to be an effective means of preventing the disease in a serious form. Now it can be confidently said that few need contract the disease, and none need die from it.

Wakefield Corporation started an Immunisation Clinic in 1932, and since then some 4,051 persons have each completed a course of immunisation, 632 in 1932, 869 in 1933, 1,119 in 1934, and 1,431 in 1935. Of these, approximately 1,000 were children under 5 years of age. In addition, a certain but unknown number of persons have been immunised by private doctors.

Enteric Fever.

1901-1935.

TEN YEAR PERIODS.	Total No. of Cases notified.	No. of Cases in Mental Hospital.	Average annual attack rate.	Total No. of Deaths.	Average annual Death-rate.	Case Mortality per cent.	Percentage isolated in Hospital.
1901-1910	190	24	0.45	60	0.10	31.58	15
1911-1920	185	65	0.45	49	0.07	26.49	39
1921-1930	88	22	0.16	12	0.02	13.64	70
1931-1935 (Five years)	12	2	0.02	1	—	8.33	75
Totals ...	475	113	0.27	122	0.05	25.68	50

The above table shows very clearly the great decline in Enteric Fever, both in numbers and in mortality, which has occurred during the last thirty-five years. For some years past, cases have been few and sporadic, and the disease comparatively mild in character. This welcome decline is mainly due to improved sanitation, including better drainage and abolition of privies, and perhaps even more to the excellent water supply which Wakefield enjoys.

Smallpox.

1901-1935.

TEN YEAR PERIODS.	Number of Cases notified.	Annual attack rate.	Number of Deaths.	Average annual Death-rate.	Case Mortality Percentage.
1901-1910	163	0.39	15	0.03	9.2
1911-1920	1	0.002	—	—	—
1921-1930	26	0.05	—	—	—
1931-1935 (Five years)	—	—	—	—	—
Totals ...	190	0.11	15	0.007	7.9

Years in which Smallpox occurred in Wakefield.

YEAR.	Number of Cases notified.	Attack rate.	Number of Deaths.	Death rate.	Case Mortality Percentage.
1902	6	0.15	1	0.02	16.7
1903	101	2.40	8	0.19	12.6
1904	34	0.80	3	0.07	8.8
1905	20	0.47	3	0.07	15.0
1906	2	0.04	—	—	—
1913	1	0.02	—	—	—
1927	10	0.18	—	—	—
1928	11	0.19	—	—	—
1929	4	0.07	—	—	—
1930	1	0.02	—	—	—

During the last thirty-five years, Smallpox has occurred in ten of them, but in only one (1903) was there really a serious epidemic, with 101 cases and 8 deaths. During the last five years, there has not been a single case of the disease. During the last thirty years, the type of the disease has changed from a severe and fatal disease to a mild and non-fatal one. There has not been a death from the disease in Wakefield since 1905. In former reports, I have questioned the need to continue the system of so-called compulsory vaccination against Smallpox, and suggested that a voluntary system might be substituted, but with powers for the compulsory vaccination of contacts in the event of an outbreak. Even with the severer type of Smallpox, I found that the spread of the disease could be easily controlled, provided that the earlier cases were promptly recognised and segregated, and contacts vaccinated and strictly supervised. It is also a question whether the cost of maintaining separate Smallpox Hospitals is now justified. If we could be sure that the mild type of Smallpox which has mainly occurred in the country during the last few years was to continue, we could very well dispense with these special hospitals.

Measles.

1871—1935. TEN YEAR PERIODS.	Number of Deaths.	Death Rate.	Total number of Cases discovered or ascertained.
1871-1880	47	0.16	—
1881-1890	110	0.34	—
1891-1900	100	0.23	—
1901-1910	146	0.33	—
1911-1920	154	0.32	—
1921-1930	66	0.13	4,109
1931-1935 (Five years)	17	0.06	2,274

The above table gives data with regard to Measles during the last sixty-five years. Although we have no reliable statistics to go on, it is probably true to say that the prevalence of the disease has not varied very much throughout that period, and that epidemics of the disease continue to recur with more or less regularity. A system of notification has been in force in Wakefield since 1921, but it only applies to children under five years of age and to the first case occurring in a family within a period of two months. It therefore does not give a complete return of all cases, but it has been supplemented in the above table by cases reported from schools or discovered by Health Visitors. I consider that notification has been worth while. It tends to impress the parents with the importance of the disease, and enables Health Visitors to visit and advise with regard to precautions.

The most notable feature of the above table is the marked fall which it shows in the death rate from Measles during the past thirty-five years. In the 1902 epidemic, there were 51 deaths from Measles, and in the 1918 epidemic 59 deaths occurred. The average annual number of deaths for the decennium 1921-1930 was about 7, with a maximum of 17, and for the quinquennium 1931-1935, the average was less than 4, with a maximum of 7. This improvement is due very largely, I believe, to the greater care which is now given to children suffering from Measles, although it is quite possible that the disease has become milder in type.

Whooping Cough.

1901—1935. TEN YEAR PERIODS.	Number of Deaths.	Average annual Death Rate.	Total Cases ascertained.
1901-1910	118	0.26	—
1911-1920	81	0.16	—
1921-1930	52	0.10	1,513
1931-1935 (Five years)	14	0.07	708
Totals ...	265	0.15	2,221 (15 years)

Cases of Whooping Cough became notifiable in Wakefield in 1921, with the same limitations as for the notification of Measles. The numbers given above refer to cases notified, plus cases reported from schools or ascertained by Health Visitors, but are not to be regarded as complete. There does not appear to have been much change in prevalence during the last fifteen years at any rate, but the death rate has shown a steady decline during the last thirty-five years,

Cerebro-spinal Fever.

PERIODS.	Number of Cases.	Average annual Attack Rate.	No. of Deaths.	Average annual Death Rate.
1912-1921	3	0.006	2	0.004
1922-1931	13	0.02	12	0.02
1932-1935 (Five years)	26	0.11	10	0.02
Totals ...	42	0.045	24	0.015

This disease became notifiable in 1912, and since then 42 cases have been notified and 24 patients (57 per cent.) have died. The incidence has been highest during the last four years, during which 26 cases were notified (17 in 1932), with 10 deaths (38 per cent.). The improvement in the recovery rate is probably due to the serum treatment, which has become more efficient in recent years. Most of the cases have been sporadic.

Encephalitis Lethargica.

1919—1935. PERIODS.	Number of Cases notified.	Average annual Attack Rate.	Number of Deaths.	Average annual Death Rate.
1919-1928	5	0.01	2	0.004
1929-1935	3	0.01	7	0.02
Totals ...	8	0.01	9	0.012

This disease became notifiable in 1919, since when 8 cases have been notified and 9 patients have died. There have been no notifications or deaths since 1933, and there is reason to believe that the disease is disappearing.

Acute Anterior Poliomyelitis (Infantile Paralysis).

This disease has been notifiable since 1912, since when 7 cases have been notified, with one death. The small number of cases notified is, however, misleading, because we know that many cases occur which are not notified. The disease is not usually fatal, but may give rise to more or less severe crippling, which may be minimised by early and skilled treatment.

Ophthalmia Neonatorum.

PERIODS.	No. of Cases.	Attack Rate per 1,000 Births.	RESULTS.			
			Vision Unimpaired.	Vision Impaired.	Total Blindness.	Died.
1912-1921	99	9.4	89	4	1	3
1922-1931	86	8.1	81	5	—	—
1932-1935 Four years)	23	6.0	21	2	—	—
Totals	208	7.8	191 93%	11 5%	1 0.5%	3 1.5%

This disease, which is usually an acute gonorrhœal infection of the eyes, occurring amongst newly-born infants, has been notifiable since 1912. During the past twenty-four years, 208 cases of the disease have been notified, and excluding two infants who left the City before the result was known, all recovered without any impairment of vision except 11 (5 per cent.), who had vision impaired, and 1 (0.5 per cent.) who lost the sight altogether. The only case which became completely blind occurred as far back as 1918. The disease itself is not fatal, and the three deaths given above were from other causes.

On the whole there appears to be a tendency for the disease to decrease, and this is probably due in the main to the more efficient preventive measures taken by doctors and midwives at confinements. There would also appear to be a reduction in the extent of maternal gonorrhœa. Before special preventive and curative measures were taken, this disease was the cause of much blindness, and it is very satisfactory to note that during the last seventeen years no instance of complete blindness has occurred in Wakefield as the result of Ophthalmia Neonatorum.

Pemphigus Neonatorum.

This is an infectious skin disease of the newly-born, which was made notifiable in Wakefield in 1930. The disease had been giving a good deal of trouble before that date, and one unfortunate midwife had had cases occurring in her practice over a period of three years, notwithstanding lengthy periods of abstention from practice, repeated disinfection, etc. Since the disease was made notifiable, it appears to have declined in prevalence, as we have only had 12 cases notified during the last six years (1930-1935), and 6 of these were in 1932. There was one fatal case.

Puerperal Fever and Pyrexia.

Puerperal Fever, 1903-1935.

FIVE YEAR PERIOD.	Total No. of Cases.	Average annual Attack Rate per 1,000 Live and Still Births. (Resident and Non-resident).	No. of Deaths.	Average annual Death Rate per 1,000 Live and Still Births. (Resident only).
1903-1907	21	3.8	7	1.3
1908-1912	14	2.4	7	1.2
1913-1917	18	3.3	11	2.0
1918-1922	19	3.2	7	1.1
1923-1927	25	4.5	8	1.5
1928-1932	18	3.3	7	1.4
Three years: 1933-1935	13	4.1	7	2.5
Totals ...	128	3.5	54	1.6

Puerperal Pyrexia, 1927-1935.

PERIOD.	No. of Cases.	Average annual Attack Rate per 1,000 Live and Still Births (Resident and Non-resident).
Five years:—1937-1931	72	13.1
Four years:—1932-1935	45	10.6
	117	11.8

For completeness, the above tables are given in this report, but as these diseases were fully considered in the Special Report on Maternal Mortality, which I prepared in 1934, there is no need to comment on them here.

VENEREAL DISEASES.

Acting on the recommendations of the Royal Commission on Venereal Diseases, a national system for the diagnosis and treatment of Venereal Diseases supported by a substantial Government subsidy was inaugurated and came into operation in Wakefield in 1917. As the Governors of the Clayton Hospital would not agree to the establishment of a special clinic on the Hospital premises, arrangements were made for Wakefield patients to attend the Venereal Diseases Clinic at Leeds Infirmary. At a later date, the Governors of the Clayton Hospital agreed to a clinic being established at the Hospital, and this clinic was started in 1923 and has continued since. In 1931, the accommodation for the Clinic was altered and improved, with great advantage to both staff and patients. The Clinic serves not only the City, but the surrounding area of the County, and the Medical Officer in charge is the specialist Medical Officer of the County Council. Laboratory facilities in connection with the diagnosis of Venereal Diseases have all along been provided at the County Hall Laboratory. Educational and publicity work has always been regarded in Wakefield as a most important part of the anti-venereal disease scheme, and the campaign was launched at a large Conference held in the Town Hall in 1916, and addressed by the late Sir Malcolm Morris. At the Conference it was decided to form a Wakefield branch of the National Council for combating Venereal Diseases, and the Medical Officer of Health acted as Secretary to the Branch until 1921, when the work was taken over by the Wakefield Council of Social Service. The Branch held another large public meeting in the Town Hall in 1917, which was addressed by the late Sir Francis Champneys and Professor Winifred Cullis, and during the ensuing years carried on an active campaign by means of addresses at public meetings, meetings held at mills and other works, at clubs and other organisations, by cinema exhibitions and the distribution of literature. What has been the result of all this work? The evidence supplied by the Clinics indicates a substantial reduction in the incidence of syphilis, but little or no reduction in that of gonorrhœa. It will be seen from the table below that new cases of syphilis have fallen from an average of about 80 in 1918-1922 to about 30 in 1933-1935 but the number of cases of gonorrhœa is about the same in both periods.

Venereal Diseases Clinics.—Statistical Summary 1918-1935.

PERIOD.	Total New Cases seen at all Clinics.	Percentage of Cases found not to be Venereal.	Total Cases found to be suffering from:—						Total Attendances at all Clinics.		Total Specimens Exam'ned.
			SYPHILIS.			GONORRHŒA.					
			Total.	M.	F.	Total.	M.	F.	Ordinary Clinics.	Irrigation Clinics.	
1918-1922	663	12.5	427	248	179	152	131	21	8,512		2,244
1923-1927	759	24.9	248	157	91	316	271	45	12,670	14,734	2,480
1928-1932	651	32.7	139	93	46	294	239	55	9,804	16,136	3,904
1933-1935 (Three years only)	352	27.4	93	49	44	162	127	35	5,791	8,044	2,546

HOSPITAL ACCOMMODATION FOR INFECTIOUS DISEASES.

Up to 1934, the Old Hospital in Park Lodge Lane provided for the hospital isolation of cases of infectious disease, mainly Scarlet Fever and Diphtheria. This Hospital, which was built primarily for the isolation of Smallpox, was opened in 1877, and closed in 1934, when the new Hospital at Snapethorpe was opened. The original accommodation was 4 Wards with 28 beds in two brick-built blocks, situated on each side of the Staff Building. The accommodation was extended in 1888 on account of a severe Smallpox epidemic, when 14 additional beds were provided in two Wards in a temporary galvanised iron building. The latter building having become unusable, a wooden cubicle block accommodating 8 patients was built in 1927, along with a wooden bungalow for extra staff accommodation. The building, in 1907, of a Smallpox Hospital by the Wakefield and District Joint Smallpox Hospital Committee, which was established in 1903, relieved the local fever hospital of providing for that disease. Although the Smallpox Hospital is now 29 years old, not a single case of Smallpox has been admitted into its Wards, and for many years it has been let to the West Riding County Council for use as a Sanatorium. When necessary, accommodation for Smallpox cases has been found in other Hospitals.

The Wakefield Fever Hospital has never been adequate for the needs of the City and, as far back as 1903, a site for a new Hospital was purchased at Alverthorpe. Owing to local opposition, the scheme was not proceeded with, and a number of subsequent schemes were also dropped or postponed. In 1932, Mr. J. B. Sykes made the munificent offer to build a new Hospital at Snapethorpe, and the fine new Hospital was opened in 1934. The old Hospital was provided with a steam disinfector which, now that the premises are being used for disinfestation purposes, still continues to function.

BACTERIOLOGICAL LABORATORY.

Public Health work has been much facilitated by the fact that the fine County Council Laboratory is in Wakefield itself. Up to becoming a County Borough, Wakefield, as part of the County, had the use of the Laboratory, and afterwards, by an agreement with the County Council, the facilities were continued. Throughout these years, an increasing use has been made of the Laboratory. In 1905, the number of specimens sent to the Laboratory from Wakefield was 70, and in 1935, the number had risen to 2,591. The Laboratory has rendered an invaluable service to public health in Wakefield, and I should like also to gratefully acknowledge the personal help and advice which I have so often received from Dr. Sutherland, the County Pathologist.

TUBERCULOSIS, 1901-1935.

Number of Cases Notified and Dying Un-notified, 1912-1935.

FOUR YEAR PERIOD.	Total number of cases ascertained.			CASES NOTIFIED.						UN-NOTIFIED DEATHS.	
				Pulmonary.			Non-Pulmonary.				
	Total.	Pul.	Non-pulm.	T.	M.	F.	T.	M.	F.	Pulm.	Non-Pulm.
1912—1915 ...	*604	465	*139	427	225	202	100	58	42	38	39
1916—1919 ...	866	674	192	650	378	272	162	87	75	24	30
1920—1923 ...	508	407	101	380	235	145	78	41	37	27	23
1924—1927 ...	483	319	164	309	170	139	132	73	59	10	32
1928—1931 ...	379	251	128	233	142	91	92	55	37	18	36
1932—1935 ...	246	179	67	170	104	66	59	34	25	9	8

* The figures given for the years 1912—1915 do not include the year 1912 in respect of Non-pulmonary Tuberculosis, which was not notifiable during that year.

TUBERCULOSIS MORTALITY, 1872-1935.

TEN YEAR PERIOD.	TUBERCULOSIS (All forms).		PULMONARY TUBERCULOSIS.				NON-PULMONARY TUBERCULOSIS.			
	Total No. of Deaths.	Avge. annual Death Rate.	Total Deaths.			Avge. annual Death Rate.	Total Deaths.			Avge. annual Death Rate.
			T.	M.	F.		T	M.	F.	
1872—1881	1,082	3.7	—	—	—	—	—	—	—	—
1882—1891	853	2.6	—	—	—	—	—	—	—	—
1892—1901	893	2.3	—	—	—	—	—	—	—	—
1902—1911	765	1.75	545	—	—	1.25	220	—	—	0.50
1912—1921	761	1.55	593	339	254	1.21	168	87	81	0.34
1922—1931	565	1.04	416	250	166	0.77	149	77	72	0.27
1932	50	0.88	41	20	21	0.73	9	5	4	0.16
1933	37	0.65	30	21	9	0.52	7	2	5	0.12
1934	37	0.65	34	23	11	0.59	3	2	1	0.05
1935	37	0.65	32	19	13	0.54	5	4	1	0.11

PULMONARY TUBERCULOSIS—Deaths according to Sex and Age, 1912-1935.

FOUR YEAR PERIOD.	TOTAL DEATHS.			MALES.				FEMALES.			
	Total.	Males.	Females.	0—15 years.	15—25 years.	25—45 years.	45 years and over.	0—15 years.	15—25 years.	25—45 years.	45 years and over.
1912-1915	212	122 (58%)	90 (42%)	8 (4%)	21 (10%)	52 (25%)	41 (19%)	14 (6%)	25 (12%)	40 (19%)	11 (5%)
1916-1919	256	148 (58%)	108 (42%)	12 (5%)	17 (7%)	50 (19%)	59 (23%)	17 (7%)	36 (14%)	45 (17%)	20 (8%)
1920-1923	224	134 (59%)	90 (41%)	8 (4%)	25 (11%)	47 (21%)	54 (24%)	8 (4%)	30 (13%)	32 (14%)	20 (9%)
1924-1927	158	92 (58%)	66 (42%)	3 (2%)	12 (8%)	37 (23%)	40 (25%)	6 (4%)	19 (12%)	21 (13%)	20 (13%)
1928-1931	159	103 (65%)	56 (35%)	3 (2%)	10 (6%)	50 (31%)	40 (25%)	2 (1%)	17 (11%)	20 (13%)	17 (11%)
1932-1935	137	83 (61%)	54 (39%)	—	17 (12%)	32 (23%)	34 (25%)	1 (1%)	14 (11%)	32 (23%)	7 (5%)
Totals ...	1146	682	464	34	102	268	268	48	141	190	95

The percentages given are of total male and female deaths.

The foregoing tables give some of the main statistical facts with regard to the prevalence and mortality of Tuberculosis in Wakefield during the last twenty-three years, during which time the disease has been compulsorily notifiable, and active steps taken to combat it. The mortality table, however, covers some sixty-four years, and enables a comparison to be made with the last third of the last century, and the first third of this.

No class of mortality has shown such a marked and steady decline as the Tuberculosis mortality, which is now little more than one-third of what it was thirty-five years ago, and about one-fifth of what it was sixty-five years ago. During the last thirty-five years, the decline has been shared both by the pulmonary and the non-pulmonary forms of the disease, but more notably by the non-pulmonary.

The third table given above has been prepared in order to show the variations in the proportions of the sexes dying from Tuberculosis, and the variations in the proportions at different age periods in each of the sexes during the last twenty-four years. It is not the most reliable method of showing such variations, but it is the only method available. The table shows that during the last twenty-four years, males have formed roughly sixty per cent. of the mortality and females forty per cent., with a rise in the proportion of males during the last eight years.

Male Deaths in Age Periods.

The proportion of males in the youngest age period (under 15 years) has definitely decreased. Similarly there has been a decrease in the proportion of males between 15 and 25 years, although a rise has occurred during the last four years. On the other hand, the proportion at all ages over 25 years has tended to increase.

Female Deaths in Age Periods.

The proportion of female deaths shows a marked decrease under the age of 15 years, and a less marked decrease between 15 and 25 years. Between the ages of 25 to 45 years, there is an increase, particularly during the last four years, and at ages over 45 years, a still more marked increase, notwithstanding a reduction during the last four years.

In both sexes, there is therefore a definite shifting of the incidence of mortality from the younger to the older age groups. The comparatively high rate of mortality amongst female adolescents which has been a feature in other parts of the country has not occurred locally. In Wakefield, Pulmonary Tuberculosis in children has now become almost a rare occurrence.

The first table gives the notifications of tuberculous cases from the beginning of compulsory notification of pulmonary disease in 1912 and of non-pulmonary disease in 1913, and it shows that a marked reduction in prevalence has occurred during that time. It is, however, difficult to say how far the reduction in prevalence and mortality is due to a natural process of decline, and how far it is due to the special measures taken to combat Tuberculosis. In estimating the value of the latter, we must not overlook the fact that Tuberculosis was declining before they were instituted. At the same time, these special measures must have played a part in bringing about the very marked reduction in the disease, and I believe that by prolonging the lives of the patients they have caused the shifting of the incidence of mortality from the younger to the older groups. Also, they have been fully justified on humanitarian grounds and have brought hope and encouragement to a large number of sufferers.

Anti-Tuberculosis Work in Wakefield.

As far back as 1899, there was a system of voluntary notification of cases of Pulmonary Tuberculosis by medical practitioners in Wakefield, and this was continued up to the end of 1911, when the disease became compulsorily notifiable. The number of cases notified annually under this voluntary system was between 40 and 50, and altogether 505 cases were notified during the 13 years it was in force. About half the cases were notified from the Poor Law Infirmary. When I came to Wakefield in 1903, I found that very little use was being made of these notifications. I then set about making investigations into the circumstances of cases notified, as well as those of fatal cases, and later on I was assisted in these investigations by the Health Visitors. I also prepared a leaflet for distribution giving advice about the precautions which should be observed by consumptives, and about the prevention of the disease. Disinfection of bedding and rooms after deaths was also commenced. The results of my investigations occupied a prominent place in the annual reports of those days, and I strongly stressed the futility of making inquiries and leaving the matter there. We were collecting a lot of information about Tuberculosis, but we were doing little or nothing for the patients themselves. In my report for 1905, I recommended that steps should be taken to secure:—

(1) Compulsory notification of all forms of Tuberculosis;
(2) Provision of sanatorium accommodation;
(3) Provision of hospital accommodation for advanced cases;
(4) Periodical veterinary inspection of dairy cows, with a view of reducing milk infection;
(5) Demolition of insanitary houses and rehousing.

The only outcome of these recommendations at the time was that the Corporation passed a resolution urging the Local Government Board to make Pulmonary Tuberculosis a compulsorily notifiable disease.

In 1905, a local bye-law was passed making spitting in public places and public vehicles an offence, and in the following year a circular letter was sent to publicans seeking their co-operation in the effort to reduce indiscriminate spitting. One does not hear much about this bye-law in these days, although it is still in force, and I am bound to say that the spitting habit has become much curtailed in recent years. Consumptives, too, have become very much more particular about their expectoration, and, as a rule, are careful to use the pocket flasks which are provided by the Corporation.

In 1906 the Board of Guardians of the Wakefield Union convened a Conference of all the Sanitary Authorities within their area to consider the position with regard to Tuberculosis, and resolutions were passed advocating (1) notification of phthisis, (2) disinfection after deaths and removals, (3) provision of sanatoria, and (4) distribution of leaflets giving advice with regard to the disease. Mr. Walter Moorhouse, who was then Chairman of the Board of Guardians, took a leading part in the propaganda work against Tuberculosis, and I believe that it was chiefly due to his efforts when a member of the Corporation that the voluntary system of notification had been commenced. In the same year, I also prepared a special report on the position with regard to Tuberculosis, and suggested that a sanatorium block might be built in connection with the proposed new fever hospital at Alverthorpe. The fever hospital scheme was, however, dropped, and the sanatorium with it. In the same year, I also reported specially on the dangers of tuberculous infection from milk, and advocated better cowsheds, more supervision over milk production, and the institution of veterinary inspection.

In the meantime, Wakefield had become interested in the establishment of a Tuberculosis Dispensary, and the Chairman of the Sanitary Committee (Alderman Albert Hudson) and the Medical Officer of Health were instructed to visit dispensaries which had been established in London and Portsmouth. These dispensaries had been established, not so much as centres for diagnosis and general administrative purposes, as dispensaries afterwards became, but to provide tuberculin treatment, which, at the time, had a therapeutic reputation which it has hardly been able to maintain. We reported early in 1912 and recommended:—

(1) That a Tuberculosis Dispensary should be started in Wakefield;

(2) that the Medical Officer of Health should be appointed Medical Officer to the Dispensary;

(3) that an Assistant Medical Officer of Health should be appointed; and

(4) that an additional Health Visitor should be appointed in view of the additional work involved at the Dispensary.

These recommendations were approved by the Corporation, and the premises No. 5, Almshouse Lane, were secured for the purposes of the Dispensary.

In the meantime, the Government was preparing to launch a great national scheme for the prevention and treatment of Tuberculosis. It had paved the way by requiring through regulations, first, in 1909, the notification of poor law cases of Pulmonary Tuberculosis and then, in 1911, the notification of all hospital cases. Then, on 1st January, 1912, every medical practitioner was required to notify all cases of Pulmonary Tuberculosis, and on 1st February, 1913, this requirement was extended to include cases of non-pulmonary disease.

The 15th of July, 1912, was a red letter day in the campaign against Tuberculosis, for on that day the Sanatorium Benefit of the National Health Insurance Act, 1911, came into operation, and this was soon followed by a general scheme for the provision of treatment both in sanatoria and dispensaries for all members of the community, and to the maintenance of which the Government contributed one-half of the cost. The responsibility for preparing and running these schemes was entrusted to County Councils and County Borough Councils. At the time, Wakefield was a non-County Borough, and consequently it had to hand over its recently acquired Dispensary to the County Council, and send its patients to the sanatoria provided by the County Council. With regard to the Dispensary, however, the County Council, which had now taken over the tenancy of the premises in Almshouse Lane from the Corporation, agreed for Wakefield to run the Dispensary on the lines already prepared, and the Medical Officer of Health was appointed an Assistant County Tuberculosis Officer.

When Wakefield became a County Borough in 1915, it took over full responsibility for the Tuberculosis Scheme and the Medical Officer of Health was appointed Clinical as well as administrative Tuberculosis Officer. which was an unusual combination, but one which was eventually approved by the Ministry of Health.

Statistics of Tuberculosis Dispensary.

FOUR YEAR PERIODS.	No. of Persons Examined, excluding Contacts.	Number found to be Tuberculous.			CONTACTS.		
		Total.	Pulmonary.	Non-Pulmonary.	No. Examined.	Number Tuberculous.	
						Pulm.	Non-Pulm.
1913-1915 (Three years)	355	287	240	47	113	8	1
1916-1919	905	639	527	112	134	17	1
1920-1923	619	289	254	35	143	5	—
1924-1927	540	234	170	64	178	8	—
1928-1931	619	218	166	52	214	3	1
1932-1935	494	168	138	30	447	1	1
Totals	3532	1835	1495	340	1229	42	4

The chief statistics of the Dispensary during the twenty-three years it has been at work are given in the table above. The attendances at the Dispensary, small at first, soon grew to formidable numbers, and four sessions (two afternoon and two evening) were devoted to the work weekly, with two Health Visitors in attendance at each session. At one time, it was quite common for 40 or 50 patients to attend at the afternoon session, and the evening session to start before the afternoon session had finished. After ten years or so, the demand began to decline, and it became possible to do all the work in three sessions, with one Health Visitor in attendance. Then, in 1932, with a further reduction in the number of patients attending, due to the continued decline in the prevalence of the disease, the weekly sessions were reduced to two.

In its early days, the Dispensary took a much larger share in the treatment of the disease than it has done latterly, when its activities have been largely confined to diagnosis and advice. It can be confidently said, however, that the work of the Dispensary has fully justified the hopes of its promoters and the expense which it has incurred.

With regard to sanatorium accommodation for Wakefield patients, this was provided between 1912 and 1915 by the County Council. On Wakefield becoming a County Borough in 1915, it joined with Barnsley County Borough in promoting a Sanatorium Scheme, and on 1st January, 1916, the Barnsley and Wakefield Joint Sanatorium Committee was established, with a Sanatorium at Mount Vernon, near Barnsley. At first, this Sanatorium provided 40 beds, shared equally by Barnsley and Wakefield, and in 1919, the number of beds was increased to 52, with 26 beds allotted to each Borough. As time went on, Wakefield found itself unable to keep its quota of beds occupied, and eventually, on 31st March, 1929, with the consent of Barnsley, the agreement for the joint use of Mount Vernon Sanatorium was terminated, after a very harmonious and satisfactory term of combination, lasting fourteen years. Wakefield then found alternative accommodation at the Westmorland Sanatorium at Meathop, near Grange-over-Sands, where ten beds were rented. Again, by 1935, the continued decline in the disease made even this small number of beds too many, and, as from 1st April, 1936, the number of rented beds has been reduced to eight, or less than one-third the number of beds needed seventeen years ago.

In order to ascertain the results of sanatorium treatment, a special register is kept in which a note of the condition of each patient is entered each year after his discharge from the Sanatorium. The results for all the patients who remained in the Sanatorium for a period of at least two months are given in the following tables:—

Condition of Patients Treated in Sanatoria for Periods of Two Months and More, as Reported at the end of 1935.

1912-1934.

A. STADIUM I.

Year of Admission.	TOTAL.	Condition not known (Lost sight of).	Known to be Well.		Percentage Well.	Not Well.			Percentage Not Well.	Dead.	
			Working.	Not Working.		Working.	Not Working.	Very Ill.		Number.	Percentage.
1912	1	—	—	—	—	—	—	—	—	1	100
1913	10	4	1	1	33	1	—	—	17	3	50
1914	10	6	2	—	50	—	—	—	—	2	50
1915	18	10	3	1	50	—	—	—	—	4	50
1916	30	17	7	—	54	1	—	1	15	4	31
1917	26	9	8	—	47	—	—	—	—	9	53
1918	26	8	12	1	72	—	—	—	—	5	28
1919	21	9	6	2	66	—	2	—	17	2	17
1920	25	9	9	1	62	—	2	—	13	4	25
1921	26	9	11	—	65	1	1	—	12	4	23
1922	13	6	3	—	43	—	—	—	—	4	57
1923	20	6	6	—	43	1	—	—	7	7	50
1924	22	8	6	—	43	—	—	—	—	8	57
1925	16	3	12	—	92	—	—	—	—	1	8
1926	11	5	3	—	50	—	—	—	—	3	50
1927	12	3	5	—	55	—	—	—	—	4	45
1928	16	5	4	2	54	—	2	—	18	3	28
1929	11	4	4	—	57	—	—	—	—	3	43
1930	6	—	1	—	17	1	2	—	50	2	33
1931	8	1	2	1	43	—	—	—	—	4	57
1932	7	1	3	1	67	—	—	—	—	2	33
1933	9	—	4	1	56	—	3	—	33	1	11
1934	8	—	2	2	50	—	1	1	25	2	25
Total Stadium I.	352	123	114	13	55	5	13	2	9	82	36

Condition of Patients Treated in Sanatoria for Periods of Two Months and More, as Reported at the end of 1935.

1912-1934.

B. STADIUM II.

Year of Admission.	TOTAL.	Condition not known (Lost sight of).	Known to be Well.		Percentage Well.	Not Well.			Percentage Not Well.	Dead.	
			Working.	Not Working.		Working.	Not Working.	Very Ill.		Number.	Percentage.
1912	2	—	—	—	—	—	—	—	—	2	100
1913	3	1	—	—	—	—	—	—	—	2	100
1914	5	—	—	—	—	—	—	—	—	5	100
1915	10	2	1	—	12.5	—	—	—	—	7	87.5
1916	13	2	2	—	18	—	—	—	—	9	82
1917	15	5	1	—	10	—	—	—	—	9	90
1918	14	2	2	—	17	—	—	—	—	10	83
1919	20	6	4	—	29	—	—	—	—	10	71
1920	17	3	7	—	50	—	—	—	—	7	50
1921	9	1	2	1	37.5	—	—	—	—	5	62.5
1922	6	—	1	—	17	—	—	—	—	5	83
1923	7	2	1	—	20	—	—	—	—	4	80
1924	12	2	2	—	20	—	1	—	10	7	70
1925	13	4	—	—	—	—	—	—	—	9	100
1926	15	4	4	1	45	—	—	—	—	6	55
1927	11	2	2	1	33	—	—	—	—	6	67
1928	6	1	1	—	20	—	—	—	—	4	80
1929	10	1	—	—	—	1	—	—	11	8	89
1930	8	4	1	—	25	—	—	—	—	3	75
1931	6	—	1	—	17	—	1	1	33	3	50
1932	7	1	2	—	33	—	—	—	—	4	67
1933	6	—	—	1	17	—	1	1	33	3	50
1934	2	—	—	—	—	—	2	—	100	—	—
Total Stadium II.	217	43	34	4	22	1	5	2	5	128	73

Condition of Patients Treated in Sanatoria for Periods of Two Months and More, as Reported at the end of 1935.
1912-1934.

C. STADIUM III.

Year of Admission.	TOTAL.	Condition not known (Lost sight of).	Known to be Well.		Percentage Well.	Not Well.			Percentage Not Well.	Dead.	
			Working.	Not Working.		Working.	Not Working.	Very Ill.		Number.	Percentage.
1912	1	—	—	—	—	—	—	—	—	1	100
1913	3	—	—	—	—	—	—	—	—	3	100
1914	4	1	1	—	33	—	—	—	—	2	67
1915	5	—	—	—	—	—	—	—	—	5	100
1916	9	1	—	—	—	—	—	—	—	8	100
1917	5	—	—	—	—	—	—	—	—	5	100
1918	3	—	1	—	33	—	—	—	—	2	67
1919	8	2	—	—	—	—	—	—	—	6	100
1920	4	—	—	—	—	—	—	—	—	4	100
1921	5	2	—	—	—	—	—	—	—	3	100
1922	2	—	—	—	—	—	—	—	—	2	100
1923	3	—	—	—	—	—	—	—	—	3	100
1924	2	—	—	—	—	—	—	—	—	2	100
1925	1	—	—	—	—	—	—	—	—	1	100
1926	2	—	—	—	—	—	—	—	—	2	100
1927	1	—	—	—	—	—	—	—	—	1	100
1928	2	—	—	—	—	—	—	—	—	2	100
1929	1	1	—	—	—	—	—	—	—	—	—
1930	—	—	—	—	—	—	—	—	—	—	—
1931	—	—	—	—	—	—	—	—	—	—	—
1932	—	—	—	—	—	—	—	—	—	—	—
1933	—	—	—	—	—	—	—	—	—	—	—
1934	—	—	—	—	—	—	—	—	—	—	—
Total Stadium III.	61	7	2	—	4	—	—	—	—	52	96
Total all Stadia.	630	173	150	17	37	6	18	4	6	262	57

The patients are divided into three classes, Stadium I., or early cases, Stadium II., or moderately advanced cases, and Stadium III., or advanced cases. Excluding patients lost sight of, these tables show after periods varying from 22 years to one year, there remained:—

(1) Among Stadium I. cases, 55 per cent. alive and well, 9 per cent. alive but not well, and 36 per cent. dead;

(2) among Stadium II. cases, 22 per cent. alive and well, 5 per cent. alive but not well, and 73 per cent. dead; and

(3) among Stadium III. cases, 4 per cent. alive and stated to be well, and 96 per cent. dead.

I think these results may be regarded as satisfactory, for it is only amongst the Stadium I. cases that one could expect any considerable benefit, and more than half of these have remained well since receiving sanatorium treatment. They may usefully be compared with the figures given in the Special Report on Tuberculosis in Wakefield, 1912-1921, given in my Annual Report for 1922. Some individual years show still better results, e.g., 1925, with 92 per cent. cured, 1918, with 72 per cent. cured, 1919, with 66 per cent. cured, and 1921, with 65 per cent. cured.

With regard to hospital treatment of cases of Pulmonary Tuberculosis, our only accommodation up to 1934 was the local Poor Law Hospital, but in that year, the opening of the new Fever Hospital supplied us with a Tuberculosis Block, accommodating nominally 16 patients, but actually, 14. This accommodation was not actually available until early in 1935, since when advanced and observation cases have been admitted.

In 1926, the Corporation built six special houses for ex-Sanatorium patients on its Portobello Estate, and in 1929, twenty more houses of a similar type were built on the Lupset Estate. These houses are each provided with an open-air verandah bedroom for the use of the patient, and are intended for patients who have completed a satisfactory course of sanatorium treatment, and who, with better housing conditions than they formerly possessed, have a reasonable prospect of maintaining their improved condition. These houses have proved a valuable auxiliary to sanatorium treatment, as I showed in my Annual Report for 1934, but I fear that with the declining number of sanatorium patients, some difficulty will be experienced in keeping them all occupied in the future. It may, however, be found that they can be advantageously occupied by non-tuberculous families, in whom there is some member who needs open-air treatment.

With regard to the treatment of Non-Pulmonary Tuberculosis, there was no provision made locally other than that of the Clayton and Poor Law Hospitals up to the year 1918. In that year, the Education Committee commenced to send crippled children, including those crippled by Tuberculosis, to special institutions in various parts of the country. In 1928, the Health Committee took over the responsibility for all cases of Tuberculosis, and since 1932, all the patients, with the exception of one or two adults, have been treated at the Yorkshire Children's Orthopædic Hospital at Kirbymoorside. During the 17 years up to the end of 1935, some 58 patients have received institutional treatment. Of these 26 (45 per cent.) were cases of hip disease, 15 of spinal disease, 10 of knee disease, and 7 with Tuberculosis in other parts of the body. The special hospital treatment, coupled with after-care at the Orthopædic Clinic opened in 1930, has been very successful in reducing crippling to the smallest possible degree.

Much attention has been given to reducing the possibilities of tuberculous infection through milk and meat. The bacteriological examination of milk samples, including tests for tuberculosis infection, was commenced in 1913, but had to be suspended during the War. They were resumed in 1924, and during recent years the number of samples taken has been much increased. The periodical veterinary examination of milch cows was commenced in 1910, when Mr. Pollard, M.R.C.V.S., was appointed to make such examinations three times every year, and he has continued to do so every since. The Tuberculosis Order of 1913, requiring the notification of cows with signs indicative of Tuberculosis, was a step in the right direction, but the Tuberculosis Order of 1925 has proved much more effective in securing the elimination of tuberculous cows. At the same time, it cannot be said that the dangers of tuberculous infection through milk have been anything like eliminated. Similarly, steps have been taken to prevent tuberculous meat being sold. In 1905, a special Meat Inspector was appointed, but afterwards meat inspection was entrusted to the District Inspectors, all of whom have been specially trained for the work. The special powers given in the Public Health (Meat) Regulations, 1924, have been thoroughly carried out in Wakefield, and the chances of tuberculous meat getting through to the consumer are very small.

MATERNITY AND CHILD WELFARE WORK, 1901-1935.

The history of infant welfare work in Wakefield lies wholly within the past 35 years. It begins in 1903 with the appointment of a Health Visitor by the Wakefield Sanitary Aid Society. This Society had been formed in 1899 for the purpose of arousing more interest in the public health amongst the citizens and pressing the Local Authority to carry out sanitary reforms, particularly with regard to housing and infant mortality. Infant mortality was then high throughout the country, and it had reached its highest point, 163 per 1,000 births, in England and Wales in 1899. But in Wakefield it was even higher than that, and in 1900 it reached the figure of 200 per 1,000 births. The Society considered the factors causing this excessive death rate. Insanitation was one, and the Society through a privately engaged Sanitary Inspector made investigations, and urged the Local Authority to deal with the bad housing conditions and the gross nuisances arising from privies, etc. Another factor was the lack of proper care in the rearing of infants. Infants were perishing through maternal ignorance and inefficiency. Here the Society felt that it could itself do something in a direct way, and so it appointed a Health Visitor, Miss Boileau, who during the seven years she remained in Wakefield, carried out her pioneer work with enthusiasm and much success. In 1906 Miss Boileau founded the Wakefield Babies' Welcome, which was the first organisation of the kind in the Country. It was originally a provident society which encouraged mothers to save up for the time of the confinement, but afterwards it extended its activities to supplying clothing and food to necessitous mothers, and to helping them in many other ways. In course of time the provident scheme became less necessary, particularly after the introduction or maternity benefit under the National Health Insurance Act, and eventually, when the Corporation had established Child Welfare Centres, the Society became closely associated with these Centres, and supplied the lady helpers, who have contributed so materially to the success of the work of the Centres.

The Corporation appointed its first official Health Visitor in 1908, when the post was combined with that of School Nurse, which was also a new office. The official and non-official Health Visitors worked alongside for two years, and when Miss Boileau left in 1910, she was replaced by a second official Health Visitor. The number was increased to 3 in 1912, to 4 in 1915, to 5 in 1919, and to 6 in 1929. It should, however, be noted that in Wakefield, we have from the first worked on the district system, each Health Visitor carrying out all the duties connected with Maternity and Child Welfare, the School Medical Service, Tuberculosis and Mental Deficiency in her own district, so, although we have 6 Health Visitors, rather less than half their time is devoted to Maternity and Child Welfare, giving an equivalent of about three Health Visitors for that work. The passing of the Notification of Births Act in 1907, and its adoption by the Wakefield Corporation in the following year, enabled Health Visiting to become more complete and efficient, but at first the staff was quite unable to cope with all the work involved. To meet the difficulty, a scheme for voluntary auxiliary service was started, and some 24 ladies who offered their services, were entrusted with the oversight of infants selected by the Health Visitors. In order to qualify themselves all the better for their duties, these ladies attended in the Town Hall a course of lectures specially arranged for them. Once a month these ladies met the Health Visitors and myself, when their work was freely discussed between us. At one of these meetings, the question of arranging a regular meeting of mothers and babies was discussed and encouraged by the support which the ladies offered, we opened our first Child Welfare Centre in the Town Hall on the 15th April, 1912, when some 37 mothers attended, and the meetings were continued once a fortnight. We called these meetings "The Mothers' Club," and I was sorry, when for official exigencies we had to drop the homely but very fitting title with which we started.

During the following three years the Club had grown much beyond the capacity of the room we occupied in the Town Hall, and in 1915 it was moved to more commodious quarters in what was then known as "The Old Coffee Tavern" in Upper Kirkgate. In the same year, two additional centres were opened, one at the Homestead in Alverthorpe Road, and the other at the premises of "The Patriotic Club" at Haddingley Hill.

In the following year (1916) the latter Centre was moved to Doncaster Road, where in the Sunday School Rooms of the Primitive Methodist Chapel, it remained until 12th November, 1935, when it was transferred to the new Child Welfare premises built by the Corporation at Manygates Park.

In 1916 an additional Centre, now making a total of four, was opened in the St. John's Mission Room in Providence Street. This was a very unpretending and even primitive Centre, just two small rooms—an up and a down, and behind a screen the doctor held his consultations in a corner of one of these. We deliberately went into a slum locality to get hold of the mothers who fought shy of going in their shawls to the other Centres, and we succeeded.

Next year (1917) a fifth Centre was opened at Eastmoor, in the Sunday School Rooms of the Wesleyan Chapel, and in the same year the old Coffee Tavern Centre was moved to the Soup Kitchen premises in Almshouse Lane. In 1918 this Centre was once again moved to Market Street (Sunday School Rooms of the Primitive Methodist Chapel), where it remained for the next 12 years. Also in 1918, the Providence Street Centre had become too crowded, and we moved along to Hatfeild Street (Sunday School Rooms of the Methodist Chapel). In 1919, an additional Centre—making the sixth—was opened in Mark Street, Thornes Lane (Christ Church Mission Room). In 1920, the Hatfeild Street Centre was closed, and a new Centre was opened at Alverthorpe (Sunday School Rooms of the Wesleyan Chapel).

For the next 10 years, the six Child Welfare Centres—Alverthorpe, Homestead, Market Street, Eastmoor, Thornes Lane, and Belle Vue—continued their work undisturbed by changes.

However, on the opening of the fine Principal Child Welfare Centre in Margaret Street in 1930, when we were honoured with the presence of Dame Janet Campbell, four of these Centres were closed, namely, Market Street, Eastmoor, Homestead, and Thornes Lane. Alverthorpe and Belle Vue Centres remained, but in 1931 the former was closed and was replaced by a new Centre at Snapethorpe Hall on the Lupset Housing Estate. In 1935, the Belle Vue Centre was transferred to the new premises built by the Corporation at Manygates, adjoining the New Maternity Hospital. It has now come to pass that all the Child Welfare Centres are held on Corporation premises, specially built or adapted for the purpose, and providing many facilities and amenities which were absent in the old premises. But while that is so, we cannot sufficiently express our gratitude to the various organisations which have provided accommodation for our Centres during the last 20 years—at nominal rents and often at some inconvenience and possibly financial loss to themselves. In this way, they too have made a substantial contribution to the progress of child welfare work in Wakefield, and the least we can do is to recognise their gift and to thank them for it.

Some years before 1917 we had received, as I have already said, substantial help from voluntary workers, but it was in that year that the work of the Babies' Welcome became more intimately associated with the Child Welfare Centres, and the Babies' Welcome made itself responsible for the supply of voluntary workers at the Centres and for the supply of tea and other services to the mothers. "The Marriage of the Corporation and Babies' Welcome," as Mrs. Kitson Clarke once happily described the union between official and the voluntary child welfare services in Wakefield, has continued now for 18 years, without even those temporary misunderstandings which are said to be the natural experience of happy matrimonial life. The union has also been enhanced and strengthened by the appointment of representatives of the Babies' Welcome on the Mental and Child Welfare Committee of the Corporation. Here I should like to pay a high tribute, as I have often done before, to all those ladies of the Babies' Welcome who have week by week helped cheerfully and untiringly in the work of the Centres, some of them throughout the whole 18 years. The value of their services may be indicated by saying that it is impossible to think of the Centres without their presence and without their help.

I will now go back to the year 1919, which is one of the outstanding years in the history of Maternity and Child Welfare work in Wakefield. In that year the Maternity Hospital was opened, a very important Maternity and Child Welfare Conference was held in the Technical College, and the great Victory Child Welfare Fete was held in Clarence Park.

The really significant event of the year was, however, the opening of the Municipal Maternity Hospital in Blenheim Road. This marked a very great advance and expansion of the work for Maternity and Child Welfare in the City, and the fact that Wakefield was provided with a Maternity Hospital as far back as 1919, was due, more than to anybody else, to the enthusiastic advocacy of the late Mr. A. D. Smith, the first Chairman of the Mental and Child Welfare Committee. This Maternity Hospital was opened in April, 1919, and closed in November, 1935. During these 16½ years 4,837 women were admitted, and 4,595 confinements took place. In the first year there were 62 admissions, but the numbers gradually rose and reached 410 admissions in 1931. During 1919 and 1920, a Ward was reserved for sick babies, but this was discontinued as soon as the Maternity cases required the whole of the accommodation, which amounted to 12 beds, with four additional beds for isolation purposes. Although the Hospital was frequently overcrowded the only occasion in which it had to be closed on account of infection was in 1934.

Just a word about Ante-natal work, which is now recognised to be of such tremendous importance. The real founder of this work was an Edinburgh Physician, John William Ballantyne, who died in 1923. He made a special study of the subject, and an article which he contributed to a medical journal in 1901 induced a reader to endow the Hamilton bed for pre-maternity or ante-natal patients—the first of its kind—in the Edinburgh Maternity Hospital. In 1915, an Ante-natal Clinic was opened at the same Hospital, and in the same year the first Municipal Ante-natal Clinic was commenced at Woolwich. Wakefield was not far behind, for in 1916, an Ante-natal Clinic was commenced—of all places—in the Town Hall. It was only held once a month, and, candidly, it was not a great success, until the opening of the Maternity Hospital three years later provided a more suitable centre for the work. A weekly session was held there, which gradually increased to two and then three sessions to meet the growing demand, and in 1928 a Post Natal Clinic was added. Facilities for Dental Treatment have been provided for expectant mothers since 1930, on the grounds that bad teeth not only affect their general health, but may actually lead to septic complications at childbirth. The response of mothers to the offer of dental treatment has not been too good, but we hope that the provision of the new Dental Clinic at the new Ante-natal Clinic at Manygates may induce more mothers to accept it. Facilities for contraceptive treatment were also provided during 1935. Whatever may be our opinions about contraception in general, there cannot be any doubt as to its desirability—nay, its necessity—in the case of married women who ought not, for medical reasons, to become pregnant. In the past, these women have contributed not inconsiderably to our Maternal Mortality, and the facilities now provided, if made use of, should contribute to a reduction in the death rate of mothers.

A great impetus was given to Ante-natal work, as indeed to maternity and Child Welfare work in general, by the appointment in 1928 of Dr. Jessie Eeles, to have special charge of this important branch of public health work, and Wakefield has been fortunate in retaining the services of such a capable and devoted physician for so many years.

Supply of Milk.

The nutrition of mothers and young children has for many years received the attention which its importance demands. The supply of milk—in the form of milk powder—for infants and expectant and nursing mothers, was commenced as far back as 1917. At first this was a war-time provision made by the Food Controller, and it was then accompanied by a sugar ration. It was, however, continued after the war, as a necessary provision for necessitous mothers and their children, and the growth of unemployment has in recent years caused a very considerable increase in the amount of milk supplied. The cost to the Corporation of this milk supply has grown from about £30 in 1919 to about £1,000 in 1932, and at present it is about £800. The expenditure is a large one, but I am satisfied that it is a wise one, and is worth every penny of it, and that it has contributed in no small measure to the high standard of nutrition which is a feature of Wakefield child life. The expenditure is carefully controlled, and milk, whether given at cost price or under cost price, is only granted on medical certificates which have to be renewed monthly, and on income returns which are checked monthly. In addition, other foods are supplied to mothers at times of special need.

Convalescent Home Treatment.

Convalescent Home treatment for debilitated mothers, especially after difficult confinements, has long been a pressing need. The Wakefield Babies' Welcome and the Wakefield Rotary Club were the first organisations who sought to supply this need. From 1925, mothers were being sent to Convalescent Homes by these societies, but in 1932, upon the opening of the Yorkshire Home for Mothers and Babies at Withernsea, the Corporation undertook the financial responsibility. The Withernsea Home has proved a veritable blessing to many poor and weakly mothers, and the additional Home at Harrogate, which was opened in 1935, now enables many more women to enjoy the benefits which a Convalescent Home can provide. Wakefield, and particularly the Wakefield Babies' Welcome, has taken an active share in the establishment of these Homes, and Wakefield mothers can, therefore, regard them as their very own.

Doctors and Midwives.

No survey of Maternity and Child Welfare work would be complete without some reference to the important part played in it by the medical practitioners and midwives. No municipal or voluntary scheme can touch all the phases involved, and there lies outside such schemes a wide field, laboriously and capably tilled by doctors and midwives. We are fortunate in our doctors and midwives, who, as the ex-Mayor said at the opening of the New Maternity Hospital, have to shoulder heavy responsibilities, often under difficult circumstances, and often with poor recompense. The last bona-fide untrained midwife disappeared from Wakefield some years ago, but 30 years ago every midwife in Wakefield belonged to that class. To-day every midwife practising in Wakefield is a trained woman, who has passed the stringent examination of the Central Midwives Board, and no town could be better served by its midwives than Wakefield is. I might add that the Corporation itself employs two district midwives. This service commenced in 1927 when one midwife was appointed, and a second midwife was appointed in 1930. By means of this Municipal Midwifery Service no woman, however poor, need go without the skilled assistance of a trained midwife.

Ultra-Violet Ray and Orthopædic Clinics.

With the opening of the Principal Child Welfare Centre in 1930 we got possession of premises which allowed us to start in the same year an Ultra-Violet Ray Clinic and an Orthopædic Clinic. The latter really belongs to the Education Department, but its facilities are extended to children under school age, and most useful it has been found.

The Present Position.

I have tried in this section to give some idea how the various phases of Maternity and Child Welfare work in Wakefield have begun, how they have developed, and how we have arrived at the comprehensive organisation which we possess to-day. The object of all this organisation is quite fully explained by the term—Maternity and Child Welfare — the promotion of the well-being of mothers, expectant or actual, and of their babies and young children. It seeks to secure this by education in the laws and practice of healthy living, by skilled advice on the care and rearing of children, by providing facilities for the ante-natal supervision of expectant mothers, by providing hospital accommodation for those who need it, by seeing that there is a sufficient supply of capable midwives, by providing doctors and midwives with consultative facilities, by supplying milk and other foods to the necessitous, by providing convalescent home treatment for debilitated mothers, and in a number of other directions. The basic ideas of the whole scheme are education and prevention, and curative treatment is only undertaken when it is not otherwise readily available. In fact, Maternity and Child Welfare work provides perhaps the most successful example of preventive work that we have. The infant mortality has fallen by about 75% since it was first started, and while it would probably not be true to claim that the whole of that enormous reduction was due to welfare work, it certainly can be credited with a large share of it. Infant sickness has also been substantially reduced. Summer diarrhœa, at one time highly prevalent and highly fatal, has practically disappeared. Rickets has been very considerably reduced, and severe rickets is now only seen infrequently. The general physique of the children who enter our schools to-day is notably superior to that of 35 years ago. There is another aspect of the work of Health Visiting which deserves to be mentioned and appreciated, and that is a psychological one. I refer to the encouragement and the relief of anxieties which the Health Visitors are so often able to give to mothers in their discharge of the difficult duties of mothercraft. Our Health Visitors are real friends to the mothers and ready to help them in all their troubles, while they are walking encyclopædias as to the social services available, and always ready and willing to tell enquirers where they can apply about this, that and the other thing. All that is done without in any way impairing the mother's proper sense of responsibility. On the contrary, the effect of Child Welfare work has been to increase the sense of responsibility and not to lessen it.

I do not, however, wish you to think everything has been achieved in connection with Child Welfare. Much remains to be done, but I will only mention one thing—protection against diphtheria by Immunisation. We can say with very little qualification, that no child need die from diphtheria. Yet there are thousands of children unprotected against that risk.

With regard to Maternal welfare, it is obvious from what I have already said that Wakefield has not been behind any place in its efforts to promote it. Notwithstanding all this, the Maternal Mortality in Wakefield has been unduly high, especially during recent years. This regrettable position is shared with many other towns and districts in Yorkshire, Lancashire, and other parts of the country, and the paradoxical thing about it is that it is relatively high in many towns which, like Wakefield, have done everything possible to reduce it. The subject has been very closely investigated by Dr. Eeles and myself (see Annual Report for 1934), as well as by the Ministry of Health, and as the ex-Mayor said at the opening of the New Maternity Hospital, if the Ministry of Health can suggest anything further to be done, Wakefield will not be slow to take its advice. There are some aspects about this Maternal Mortality which should be made clear. The Local Authority itself cannot do everything. It can only provide the best possible facilities for ante-natal supervision and for the confinement of those who elect to take advantage of these facilities, provide the best consultative facilities for doctors and midwives who desire them, and carry out efficiently the statutory duty of supervising the midwives. The only thing that the Local Authority can do is to educate—or try to educate—the public to take full advantage of the facilities provided.

But whatever is done, Maternal Mortality cannot be reduced to zero—there will always remain a risk. At the same time, the risks can be reduced below the present level and lives saved if proper precautions are taken by everybody concerned, not excluding the women themselves. I do wish, however, to deprecate ill-considered and often exaggerated statements made about this question of maternal mortality in the Press and on the platform. To some people, it would seem, every maternal death spells neglect or maltreatment by somebody or other. That sort of thing is going to do no good, and I believe it is actually doing harm to the cause of maternal welfare itself. For one thing it is causing a widespread fear of childbirth amongst mothers, which in some cases may itself precipitate death in a critical emergency. And not only the mothers, but the doctors and midwives can hardly escape being affected by it, and anything which is going to affect the confidence of doctors and midwives in the discharge of their responsible, and often very difficult, duties is bad for their patients. I am quite convinced that we will soon see a considerable decline in the maternal mortality, but it will be due to the steps taken by the Ministry of Health, Local Authorities, and the medical profession, along with an increasing co-operation of the mothers themselves, and not by the ill-considered criticisms to which I have referred.

HOUSING, 1901-1935.

Insanitary Houses.

At the beginning of the present century, housing conditions in the older parts of the City were very unsatisfactory. At least one fourth of the population were living in old, more or less worn-out houses, either back-to-back or single houses without through ventilation, often ill-lighted and generally damp, and lacking in many of the amenities of civilised life. Yards were largely unpaved, privies and tub closets still abounded, and the water supply had frequently to be obtained from a common stand pipe, and in some outlying districts from wells. In my first Annual Report, and in subsequent Reports, I commented strongly on the bad housing conditions, and urged a policy of demolition of the old houses and replacement by new, pointing out that private enterprise was doing nothing to provide for those who could only afford to pay low rents. The Corporation at that time was, however, not prepared to do much. The local standard of housing was a very low one, and the Sanitary Committee was reluctant to close a house unless it was on the verge of collapse. Even when a house was closed, a little patching up by the landlord was often sufficient to induce the Corporation to allow its reoccupation. The rehousing difficulty was a real one, and some thirty years were to pass before it was adequately solved. In 1903, I represented 13 houses as unfit, and 12 of them were closed, but in the following year, when I represented 6, none were closed. Then in 1905, after I had made an extensive personal inspection of the older dwelling-houses, I had the temerity to represent 88 houses as the worst of a bad lot. The Sanitary Committee, after it had recovered from the shock, decided that 14 houses should be closed, but 9 of these 14 were eventually re-occupied after some repairs had been carried out.

The passing of the Housing and Town Planning Act of 1909 did arouse a little more activity in housing matters, particularly in the direction of inspection and repair work. In 1913, I represented under this Act, the Westgate Insanitary Area, comprising Spawforth's and Tidswell's Yards, with some 20 houses, and in 1914 an Order was obtained to clear the area. Owing to the intervention of the War, the area was not actually cleared until 1925-6. In 1914, the

Corporation made another notable advance in housing policy and applied to the Local Government Board for sanction to acquire land at Elm Tree Street and at Rufford Street on which to build about 100 houses. This Scheme, too, was postponed by the War, and it was not until 1919 that building operations were actually commenced on the Elm Tree Street site.

During the War period, very few new houses of any kind were built and a marked deterioration in housing conditions was observable. The passing of the Housing and Town Planning Act of 1918 again reminded local authorities of their duties with regard to housing. An extensive housing inspection was carried out in Wakefield, and some 1,175 houses were reported as being unfit for human habitation, although the standard of fitness at that time was much lower than that of the present and the number stated did not include all the back-to-back houses and other houses without through ventilation, of which it was estimated there were about 3,400.

In 1919, I represented five insanitary areas, namely: (1) Westgate, (2) Warrengate and Pincheon Street, (3) Northgate, (4) Kirkgate, and (5) White Swan Yard, including 837 houses, but no further action was taken at the time. In 1920, following representations, the Corporation declared six Unhealthy Areas, namely, Pincheon Street, Volunteer Yard, Cass Yard, Sunderland Yard, Northgate, and Bishopgate, but the matter again went no further. In 1923, however, the Pincheon Street and Volunteer Yard areas, comprising 99 houses, were declared unhealthy and, following an Inquiry by the Ministry of Health, an Improvement Scheme was confirmed. The properties on these areas were cleared in 1925-6, and 90 replacement houses were built as part of the Portobello Housing Estate, which had been commenced in 1924.

In 1931, I represented under the Housing Act, 1925, six Clearance Areas in New Street, including 89 houses, and by means of Compulsory Purchase Orders, these areas have since been cleared, and the tenants removed to a new re-housing estate, the Darnley Estate.

A new era in housing progress was opened with the passing of the Housing Act of 1930. Local Authorities were now for the first time directed to proceed actively in the clearance of insanitary areas, and were encouraged to do so by means of the Government subsidies for re-housing. The Act also defined more comprehensively than any previous Act had done what conditions were to be regarded as rendering a house unfit for human habitation, and brought within its ambit many houses, which, though most unsatisfactory, would not have been dealt with under preceding legislation. The Ministry of Health lost no time in declaring an energetic policy with regard to this Act, and in a series of circulars sent to local authorities, it explained the practical working of the Act and called on their co-operation in enforcing its provisions. Local authorities were also called on to furnish a five years' programme which, inter alia, would include the estimated number of houses to be demolished during that period. The Wakefield programme, submitted at the end of 1933, included 874 houses for demolition, 800 in 121 clearance areas, and 74 for individual demolition, but as I stated in my report on the programme, the number given could not be regarded as including all the houses in the City requiring demolition. For instance, it did not include the Primrose Hill area, in which there were 337 houses, and which I suggested might be dealt with as an Improvement Area. As the Improvement Area procedure has now been abolished by the Housing Act, 1935, some other procedure will have to be adopted in this highly congested area, and possibly nothing short of clearance will properly meet the case. It has also been found, when detailed inspections are made in the old parts of the City for purposes of representation, that a number of houses, not included in the programme, are found to be in such a condition as to justify representation.

When it came to action under the Act, the Corporation at first decided to proceed only by the individual house method, but in 1934, it decided to include the area method, and in that year, I represented six areas, including 214 houses, mainly in the Northgate district. The Corporation decided on the compulsory purchase of these areas and, after an Inquiry by the Ministry of Health, the Orders were confirmed, except that one area with six houses and 3 other houses were excluded.

In 1935, I represented 31 areas in Alverthorpe, Flanshaw Lane, Westgate, Kirkgate, and Monk Street, including 303 houses, and the Corporation made Orders for Clearance, which were approved by the Ministry of Health, except that 24 houses were excluded.

The foregoing information is summarised in the following tables:—

A.—Number of Houses represented and Statutory Orders for their Demolition, or Cessation of Occupation as Dwellings on Undertakings, Confirmed. 1901-1935.

YEAR.	Total No. of Houses.	Individual Houses.	IN AREAS.			
			No. of Areas.	Total No. of Houses.	Number of Houses in Clearance Areas.	Number of Houses in Compulsory **Purchase** Areas.
1903-1912	40	40	—	—	—	—
1913	20	—	1	20	—	20
1923	97	—	2	97	—	97
1927	17	17	—	—	—	—
1928	3	3	—	—	—	—
1929	18	18	—	—	—	—
1930	29	29	—	—	—	—
1931	5	5	—	—	—	—
1932	129	40	6	89	3	86
1933	54	54	—	—	—	—
1934	239	34	5	205	—	205
1935	279	3	31	276	276	—
Total	930	243	45	687	279	408

B.—Insanitary Areas as represented, 1912-1935.

Description of Areas.	No. of Dwelling Houses included.	Date of Representation.	Date Orders Confirmed.	Date Houses demolished or vacated.
Westgate Insanitary Area, 1912	20	9.10.12	29.9.14	1925 & 1926
Pincheon Street Insanitary Area, 1923	55	13.9.22	21.8.23	1925 & 1926
Volunteer Yard Insanitary Area, 1923	42	13.9.22	31.8.23	1925 & 1926
New Street Clearance Areas, 1932. Five Compulsory Purchase and Two Clearance Orders	89	14.7.31	25.8.32	1933
Northgate & Eastmoor Compulsory Purchase Orders, 1934 ...	214	9.1.34	1.9.34	1935 & 1936
Alverthorpe, Westgate and Kirkgate Clearance Areas, 1935	300	14.2.35	30.9.35	1936

Note.—Of the 214 houses in the 1934 compulsory orders, the Ministry of Health excluded one area, comprising six houses, and three additional houses in other areas. Of the 300 houses in the 1935 clearance orders, the Ministry of Health excluded 24.

It will be seen from Table A. that during the last thirty-five years, 930 houses have been got rid of by statutory action, and all of them demolished, or about to be demolished except 53 in respect of which undertakings given by the owner not to use them for human habitations have been accepted by the Corporation. In addition to the above number, some 31 houses have been voluntarily closed by the owners, making a total of 961 houses, which have ceased to exist as dwellings since 1901. In addition to the action for closing houses, much has been done to improve the condition of houses which fell below the standard, but which were capable of being made reasonably fit. There still remains, however, a considerable amount of this class of property, including many back-to-back houses, which will have to be dealt with in the near future.

New Houses.

The following table gives the number of new houses which have been erected in Wakefield since 1901:—

Period.	Number of Houses.
1901-1910	705
1911-1920	723
1921-1930	3,260
1931-1935	1,726
Total	6,414

Included in the above number are 3,653 houses which have been built by the Corporation since 1920. Of that number, 80 were built for sale, and these are excluded from the following Table, which gives the number of houses built and owned by the Corporation up to the end of 1935:—

Number of Municipal Houses at end of 1935.

ESTATE.	Total.	Non-Parlour.	Parlour.	Houses with Shops.	Number built for re-housing.
Elm Tree Street	66	66	—	—	—
Rufford Street	46	28	18	—	—
Portobello	542	426	112	4	90
Lupset	1,957	1,547	402	8	—
Horbury Road	81	81	—	—	81
Batley Road	146	104	42	—	—
Eastmoor	516	496	20	—	16
Darnley	168	168	—	—	168
Brunswick Street (Aged Persons)	24	24	—	—	—
Thornes Road (Aged Persons)	24	24	—	—	24
Oakenshaw Street (Aged Persons)	12	12	—	—	12
Totals	3,582	2,976	594	12	391

Just as the provision of the excellent water supply was the greatest contribution to the public health of Wakefield in the last century, the extraordinary progress made in municipal housing since the War may be regarded as the greatest contribution in this century, so far as it has gone. Wakefield has probably, having regard to its size, done as much in the way of municipal housing as any town in the country, and a good deal more than most. And not only have so many houses been built, but much thought and skill have been applied to the lay-out of the various estates, which, particularly that of Lupset, are a delight to the eye and a credit to the City. These houses have provided for the growth of the population, have relieved overcrowding, and have enabled clearance work to be pushed forward. Re-housing has proved most satisfactory, and the bulk of the transferred tenants have responded well to their new conditions. In 1901, the number of dwelling-houses in the City was 8,274, and at the end of 1935, the number was 15,520, an increase of 86 per cent.

GENERAL SANITATION, 1901-1935.

Very substantial progress in general sanitation has been made during the present century. Particularly I would like to mention the abolition of privy and tub closets, an improvement which had been commenced in the latter years of the last century, and has continued with increased activity during the present, until all of these abominations, except a few in isolated situations where drainage is not available, have been replaced by water closets, and often by additional water closets. Although there was a numerical increase in the water closets substituted, they seldom exceeded a ratio of one to two houses, although the modern standard is one closet per house.

In 1903, there were 884 privy closets and 962 tub closets in the City, but the inclusion of Sandal in 1909 added 780 privy closets and 7 tub closets to the previous number. Since then, 1,631 privy closets and 955 tub closets have been abolished, and there remain now 33 privy closets and 14 tub closets.

Up to 1924, these conversions were carried out voluntarily at the request of the Sanitary Inspector, or on the grounds of insufficiency, and did not entail any cost to the Corporation. In 1924, the powers provided by the Public Health Amendment Act, 1907, were put into operation, whereby the Corporation contributed in the case of privy closets half the cost, and in the case of tub closets, the whole of the cost. The change over to the water carriage system was facilitated by the plentiful water supply which the City enjoys. The gathering ground now covers some

7,000 acres in the Rishworth and Ryburn Valleys in the Pennines, and a population of about 160,000 (including districts outside the City) is supplied with water of a high degree of purity. It is impossible to exaggerate the benefit which has accrued to the Public Health during the last fifty-five years from this excellent water supply. Thirty years ago, several houses were supplied with water from wells, but these have all been closed, and the public supply has now been laid on to every dwelling-house.

During the same time, there have also been substantial improvements and extensions of sewers in the City, and the trapping of street gullies and provision of ventilating shafts have abated a frequent source of complaint in years past. Sewage treatment has also received much attention, and the Corporation has been involved in much expenditure in its efforts to keep up to date and secure a satisfactory effluent. The first sewage works, which treated the sewage by chemical precipitation, were opened at Calder Vale in 1900. In 1904, the Alverthorpe Sewage Works, which came into Wakefield in the Alverthorpe Extension of 1900, were scrapped, and the sewage sent to the Calder Vale Works. In 1913, new works were opened at Calder Vale, when filtration was substituted for chemical precipitation. The Agbrigg Sewage Works, which came into Wakefield with the Sandal Extension of 1909, were remodelled in 1924, when a Bio-Aeration Plant was installed. Since then, the Calder Vale Sewage Works have also been remodelled and the system of treatment also changed over to Bio-Aeration. These works were completed in 1935.

In 1919, public cleansing, which had previously been carried out under the Chief Sanitary Inspector, was transferred to the jurisdiction of the City Surveyor. Up to 1924, the disposal of refuse was mostly carried out at a destructor, but since that date, disposal by tipping has been employed for the whole of the refuse of the City. The present system of controlled tipping was commenced in 1931. As I have pointed out elsewhere, the same method had been employed for certain districts of the City many years before. The system is a comparatively cheap one and, when properly carried out, is without danger to the public health.

Wakefield has not been behind the times in its efforts to secure some abatement of the gross pollution of its atmosphere from which it has suffered for many years. Active measures were commenced in 1922, when, following a conference of manufacturers and others concerned in the production of industrial smoke, an Advisory Smoke Abatement Committee was established. The training of the stoker was taken up, and in 1923 the late Mr. Casmey gave a course of lectures to stokers in the Technical College. These lectures were continued in succeeding years by Mr. Claret, and later by Mr. E. Dickinson, M.I.M.E., and certificates of efficiency were issued to the students after passing the examinations. Afterwards the examinations were conducted by the West Riding Regional Smoke Abatement Committee. A large proportion of the Wakefield stokers now possess this certificate, and perhaps for this reason, the lectures have had to be discontinued during the last two years owing to an insufficient number of students. In 1927, two soot gauges were installed, one in Clarence Park and one in Northgate, and the gauge records, as well as the smoke observations made by the Sanitary Inspectors, show that a substantial reduction in the extent of atmospheric pollution has been achieved during the last few years. At the same time there is still plenty of room for further improvement.

SUPERVISION OF THE FOOD SUPPLY, 1901-1935.

Thirty years ago, the supervision of the food supply was very meagre and casual, and none of the Sanitary Inspectors were trained in this branch of work. Cowsheds and milk production were unsatisfactory. In 1907, after I had submitted a special report on the condition of the cowsheds, a memorandum on the production of clean milk was circulated amongst the cowkeepers. In 1910, Mr. H. Pollard, M.R.C.V.S., was appointed to make periodical veterinary examinations of dairy cows. Gradually, conditions improved, although it is only within the last few years that milk production has reached a fairly satisfactory standard. This improvement is largely due to the energetic action of Mr. Roberts, the Chief Sanitary Inspector, who has taken a particularly keen interest in this important subject, In my first Annual Report, I had a good deal to say about unsatisfactory slaughterhouses and the lack of meat inspection, and I also strongly advocated the erection of a new and adequate municipal slaughterhouse, and the abolition of private slaughterhouses. The latter recommendation has not yet been given effect to, but I trust that it will not be long deferred, as the need is a very pressing one. With regard to food inspection, this gradually developed until it has reached a high standard of efficiency, and all the Sanitary Inspectors are now qualified Food Inspectors. A good deal of their time is taken up with the strict enforcement of the Public Health (Meat) Regulations, 1924. New Slaughterhouse Bye-laws were made in 1925, and these included one which required the employment of the humane method of slaughtering. The Bye-law applied to all animals slaughtered for food, and it has been carried out without any difficulty or trouble of any kind.

In the Wakefield Corporation Act, 1924, certain important powers with regard to foods were obtained, including (1) power to prohibit persons in advanced stages of Tuberculosis from handling, etc., food, and (2) prohibition of blowing of carcases. In the same Act, food poisoning was made, for the first time in this country, a notifiable condition.

HEALTH EDUCATION.

Health Education has been a prominent feature of public health work in Wakefield for over thirty years. I suppose I must myself have given three hundred lectures on public health subjects during that period, and many of my colleagues, Medical Officers, Dental Officers, Health Visitors, and Sanitary Inspectors have taken an active share in this work. Leaflets on all sorts of subjects, infant feeding, tuberculosis, infectious diseases, cancer, etc., have been specially prepared and along with leaflets, etc., supplied by various organisations, have been fully distributed amongst the public. I have already referred to the educational work done in connection with Venereal Diseases.

Health Weeks were commenced in 1921 and have been held every year since. Usually some special subject was chosen as the theme for the year, and public lectures, suitable films, demonstrations, lessons in schools, etc., arranged, and literature distributed. The health educational work in the schools has always seemed to me the most profitable part of our Health Weeks. In 1924, a very successful Health Exhibition was held in the Drill Hall, and lasted a week. It was organised by the Social Service Council in conjunction with the Public Health Department. From this time onwards, the Health Weeks continued to be organised by the Social Service Council on behalf of and at the cost of the Corporation, but the Wakefield Insurance Committee contributed to the cost in some of the earlier years.

The Social Service Council, which was established as the Guild of Help in 1910, has for many years rendered invaluable services to the Corporation in many ways, but particularly in care work connected with maternity and child welfare, tuberculosis, and mental deficiency, and also in social hygiene, and general health education. Much of the success of this work has been due to Mr. Osbourn, the Secretary of the Council, who has taken a deep and enthusiastic interest in every phase of it.

In 1924, a scheme for Parents' Conferences was started. Parents of school children were invited to meet the Medical Officer of Health at the schools in the evening, and discuss matters concerning the health of the children, as well as other matters of public health interest. They were continued for two years, when they were given up on account of the very small response given by parents.

In 1927, the Yorkshire Council of the British Empire Cancer Campaign organised an Exhibition and Lectures in the City, which lasted a week. In the same year, the Corporation arranged for the issue of a local edition of "Better Health," and 1,000 copies of this little magazine have been distributed monthly ever since.

MENTAL DEFICIENCY.

With the passing of the Mental Deficiency Act, 1913, the duties of ascertainment, supervision, and where necessary the provision of institutional accommodation were imposed on the Corporation. Steps were immediately taken with regard to ascertainment and home supervision, but at first little was done with regard to institutional accommodation. It was not until 1916 that one defective was sent to the Royal Albert Institution. By 1919, there were 5 defectives, and by 1925 there were 9 defectives placed in various institutions. In 1931, the St. Catherine's Home for the Feebleminded, near Doncaster, was opened. This Institution belongs to the South-West Yorkshire Joint Board for the Mentally Defective, of which the County Boroughs of Barnsley, Dewsbury, Doncaster, Halifax, Huddersfield, Rotherham, and Wakefield are members. At present, the total accommodation of the Institution is 300 beds, of which 33 are allocated to Wakefield, but the Institution is in course of enlargement.

In 1925, an Occupation Centre was opened on the premises of the Social Service Council in Almshouse Lane, and later transferred to Service House in Brook Street. This Centre is managed by the Social Service Council at the cost of the Corporation, and the Council also provides a number of voluntary Visitors, who keep in touch with defectives at their own homes, and work in co-operation with the Health Visitors. Mental Deficiency work in Wakefield has been much handicapped by the lack of a Special School for Mental Defectives.

Administration and Staff.

In 1903, the staff of the Sanitary Department comprised three officials—the Medical Officer of Health, the Sanitary Inspector, and the Assistant Inspector, along with a small staff at the Fever Hospital. The first expansion was the appointment of a third Inspector in 1905. In 1908, the first official Health Visitor and School Nurse was appointed, and in the same year, I was allowed a Junior Clerk. In 1913, an Assistant Medical Officer joined the staff. Gradually, in response to increasing legislative requirements and the growth of the City, the staff became augmented up to its present dimensions. With the growth of the Department and the inclusion of new branches of work, it has always been our policy to secure as much co-ordination as possible between its various sections, so that the Department could function as a single unit, and with as much efficiency as possible. Whilst the Department has had to discharge the duties imposed on it by the Council and by the laws and Government regulations, it has sought whenever possible to achieve its object, namely, the betterment of the public health, by those direct and informal methods which often get more done, and done more quickly, and with less fuss, than the more official and legal methods.

I cannot conclude these valedictory remarks without a word of appreciation and of gratitude to each and all of my colleagues in the Department and in all its branches. No one could have had more loyal and hardworking colleagues than I have had, and if the Department has had any success in its work, it has been largely due to the fine team spirit which has animated the staff and which has made both for harmony and efficiency. There is no need to mention names where all have so worthily played their parts, but perhaps I may be allowed just a word for the oldest of my colleagues—Mr. William Roberts, who joined the Department as my first clerk in 1908, Miss Peck and Miss Bertha Peck, who came to the Fever Hospital in 1910, and Miss Thorp, who came as a Health Visitor in 1916. The good work which, in their several spheres, they have done for Wakefield is well known, and I cannot sufficiently express my personal indebtedness to such faithful colleagues and good friends.

I wish also to say how much I have appreciated the help and co-operation which I have so frequently received from the Town Clerk and Chief Officials of other Departments, as well as from many members of their staffs.

Lastly, I should like to acknowledge the support and many kindnesses received from the Chairmen and Members of the various Committees with which I have been associated during the last thirty-three years.

THOMAS GIBSON.